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## Detail by Entity Name

Florida Limited Liability Company  
DEONNA G. WILLIS APRN, LLC

### Filing Information

**Document Number** L21000513292  
**FEI/EIN Number** 87-3980756  
**Date Filed** 12/03/2021  
**Effective Date** 01/01/2022  
**State** FL  
**Status** ACTIVE

### Principal Address

2218 W US Hwy 90  
Ste 102  
LAKE CITY, FL 32055

Changed: 02/26/2024

### Mailing Address

2218 W US Hwy 90  
Ste 102  
LAKE CITY, FL 32055

Changed: 02/26/2024

### Registered Agent Name & Address

WILLIS, DEONNA G  
2218 W US Hwy 90  
Ste 102  
LAKE CITY, FL 32055

Address Changed: 02/26/2024

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

WILLIS, DEONNA G

2218 W Us Hwy 90  
Ste 102  
LAKE CITY, FL 32055

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2024        | 02/26/2024 |
| 2025        | 01/02/2025 |
| 2026        | 02/26/2026 |

Document Images

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**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L21000513292  
FILED 8:00 AM  
December 03, 2021  
Sec. Of State  
yysulker**

**Article I**

The name of the Limited Liability Company is:

DEONNA G. WILLIS APRN, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

625 NW FAIRWAY DR  
LAKE CITY, FL. 32055

The mailing address of the Limited Liability Company is:

625 NW FAIRWAY DR  
LAKE CITY, FL. 32055

**Article III**

The name and Florida street address of the registered agent is:

DEONNA G WILLIS  
625 NW FAIRWAY DR  
LAKE CITY, FL. 32055

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DEONNA G WILLIS

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
DEONNA G WILLIS  
625 NW FAIRWAY DR  
LAKE CITY, FL. 32055

L21000513292  
FILED 8:00 AM  
December 03, 2021  
Sec. Of State  
yysulker

#### **Article V**

The effective date for this Limited Liability Company shall be:

01/01/2022

Signature of member or an authorized representative

Electronic Signature: DEONNA G WILLIS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000513292

**Entity Name:** DEONNA G. WILLIS APRN, LLC

**Current Principal Place of Business:**

2218 W US HWY 90  
STE 102  
LAKE CITY, FL 32055

**Current Mailing Address:**

2218 W US HWY 90  
STE 102  
LAKE CITY, FL 32055 US

**FEI Number:** 87-3980756

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLIS, DEONNA G  
2218 W US HWY 90  
STE 102  
LAKE CITY, FL 32055 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

|                |                             |
|----------------|-----------------------------|
| Title          | MGR                         |
| Name           | WILLIS, DEONNA G            |
| Address        | 2218 W US HWY 90<br>STE 102 |
| City-State-Zip | LAKE CITY FL 32055          |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered*

**SIGNATURE:** DEONNA WILLIS

MGR

02/26/2026

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date