



202565614483



California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448 For Office Use Only

-FILED-

File No.: 202565614483 Date Filed: 1/31/2025

Limited Liability Company Name	Central Valley Infusion Nurses LLC
Initial Street Address of Principal Office of LLC	
Principal Address	4188 CLAVEL AVE CLOVIS, CA 93619
Initial Mailing Address of LLC	
Mailing Address	4188 CLAVEL AVE CLOVIS, CA 93619
Attention	
Agent for Service of Process	
Agent Name	Babajide Kolawole
Agent Address	4188 CLAVEL AVE CLOVIS, CA 93619
	s to engage in any lawful act or activity for which a limited liability rnia Revised Uniform Limited Liability Company Act.
Management Structure	
The LLC will be managed by	One Manager
Additional information and signatures set fortimade part of this filing.	h on attached pages, if any, are incorporated herein by reference and
	h on attached pages, if any, are incorporated herein by reference and
made part of this filing.  Electronic Signature	th on attached pages, if any, are incorporated herein by reference and that I am authorized by
made part of this filing.  Electronic Signature   By signing, I affirm under penalty of perjury	