

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000033168

**Entity Name:** ABBY R. HILL, ED.D., LLC

**Current Principal Place of Business:**

5217 TWIN CREEKS DRIVE  
VALRICO, FL 33596

**Current Mailing Address:**

5217 TWIN CREEKS DRIVE  
VALRICO, FL 33596 US

**FEI Number:** 31-5521105

**Certificate of Status Desired:** No

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

HILL, ABBY RED.D.  
5217 TWIN CREEKS DRIVE  
VALRICO, FL 33596 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 DR.  
Name HILL, ABBY RED.D.  
Address 5217 TWIN CREEKS DRIVE  
City-State-Zip: VALRICO FL 33596

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ABBY R. HILL, ED.D.

**REGISTERED AGENT AND 01/27/2013  
MANAGER**

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

\_\_\_\_\_  
Date