

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000030688

**Entity Name:** ABUNDANT LIFE HOME HEALTH AGENCY LLC.**Current Principal Place of Business:**28050 US HWY. 19 N  
SUITE 205  
CLEARWATER, FL 33761**Current Mailing Address:**28050 US HWY. 19 N  
SUITE 205  
CLEARWATER, FL 33761 US**FEI Number:** 92-0202533**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VILLAVICENCIO, NELY G  
28050 US HWY. 19 N  
SUITE 205  
CLEARWATER, FL 33761 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 PRES  
Name VILLAVICENCIO, NELY GABASA  
Address 1501 BASS BLVD  
City-State-Zip: DUNEDIN FL 34698

Title ASST. TREASURER  
Name VILLAVICENCIO, CHRISTIAN G  
Address 28050 US HWY. 19 N  
SUITE 205  
City-State-Zip: CLEARWATER FL 33761

Title ASST. SECRETARY  
Name CORRIGAN, CHRISTINE GAY  
Address 28050 US HWY. 19 N  
SUITE 205  
City-State-Zip: CLEARWATER FL 33761

Title VICE  
Name VILLAVICENCIO, FEDERICO  
LAUDENORIO JR.  
Address 1501 BASS BLVD  
City-State-Zip: DUNEDIN FL 34698

Title TREASURER  
Name VILLAVICENCIO, CHRISTLER JOHN  
Address 28050 US HWY. 19 N  
SUITE 205  
City-State-Zip: CLEARWATER FL 33761

Title SECRETARY  
Name VILLAVICENCIO, CELIANA GABUYA  
Address 28050 US HWY. 19 N  
SUITE 205  
City-State-Zip: CLEARWATER FL 33761

*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:** NELY VILLAVICENCIO**PRESIDENT****01/21/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date