

2021 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****01/29/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date