

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000164180

Entity Name: ABIGAIL ADAMS MD LLC

Current Principal Place of Business:

809 SR 44
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

809 SR 44
NEW SMYRNA BEACH, FL 32168

FEI Number: 46-4181948

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KENNETH BOHANNON PL
221 N. CAUSEWAY
SUITE A
NEW SMYRNA BEACH, FL 32169 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 MGRM
Name ADAMS, ABIGAIL
Address 2811 BAY SIDE DR
City-State-Zip: NEW SMYRNA BEACH FL 32168

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: ABIGAIL ADAMS _____

DR

03/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date