

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000164180

**Entity Name:** ABIGAIL ADAMS MD LLC

**Current Principal Place of Business:**

115 N ORANGE ST  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

115 N ORANGE ST  
NEW SMYRNA BEACH, FL 32168 US

**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 1621 SOUTH RIVERSIDE 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 MD

**OWNER**

**01/23/2024**

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

\_\_\_\_\_  
Date