

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000007301

**Entity Name:** ABUNDANT LOVE FAMILY HOME DAYCARE LLC

**Current Principal Place of Business:**

14438 WOODFIELD CIRCLE S  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

14438 WOODFIELD CIRCLE S  
JACKSONVILLE, FL 32258

**FEI Number:** 61-1605270

**Certificate of Status Desired:** No

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

JAX FINANCIAL AND ACCOUNTING SERVICES LLC  
9889 SAN JOSE BLVD  
SUITE 1  
JACKSONVILLE, FL 32257 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            HIGGS, PAMELA E  
Address        14438 WOODFIELD CIRCLE S  
City-State-Zip: JACKSONVILLE FL 32258

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:** PAMELA HIGGS

**PRESIDENT**

**04/14/2019**

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

\_\_\_\_\_  
Date