

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000029183

**Entity Name:** ABBITT, LLC

**Current Principal Place of Business:**

538 NW 35TH ST  
GAINESVILLE, FL 32607

**Current Mailing Address:**

PO BOX 358194  
GAINESVILLE, FL 32635 US

**FEI Number:** 47-3939592

**Certificate of Status Desired:** No

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

ABBITT, PATRICIA L  
538 NW 35TH ST  
GAINESVILLE, FL 32607 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           MANAGER  
Name           MILLER, BARBARA A  
Address       PO BOX 358503  
City-State-Zip: GAINESVILLE FL 32635

*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:** BARBARA MILLER

**MANAGER**

**03/12/2021**

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

\_\_\_\_\_  
Date