

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000039777

**Entity Name:** ABSTRACT HR, LLC

**Current Principal Place of Business:**

501 EAST LAS OLAS BLVD.  
C/O MICHAEL ANDERSON SUITE # 300  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

501 EAST LAS OLAS BLVD.  
C/O MICHAEL ANDERSON SUITE # 300  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 81-2243656

**Certificate of Status Desired:** Yes

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

ANDERSON, MICHAEL  
419 SE 2ND STREET  
APT 2416  
FORT LAUDERDALE, FL 33301 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           MANAGING DIRECTOR  
Name           ANDERSON, MICHAEL  
Address        419 SE 2ND STREET  
                  APT 2416  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** MICHAEL D ANDERSON

**MANAGING DIRECTOR,  
ABSTRACT HR**

**02/21/2024**

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

\_\_\_\_\_  
Date