

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000202613

**Entity Name:** ABUNDANT LIFE FNC, LLC**Current Principal Place of Business:**1501 BASS BLVD  
DUNEDIN, FL 34698**Current Mailing Address:**1501 BASS BLVD  
DUNEDIN, FL 34698**FEI Number:** 81-4393559**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VILLAVICENCIO, NELY G  
1501 BASS BLVD  
DUNEDIN, FL 34698 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	VILLAVICENCIO, FEDERICO L
Address	1501 BASS BLVD
City-State-Zip:	DUNEDIN FL 34698

Title	VP
Name	VILLAVICENCIO, CHRISTIAN G
Address	1501 BASS BLVD
City-State-Zip:	DUNEDIN FL 34698

Title	TREA
Name	VILLAVICENCIO, CHRISTLER G
Address	1501 BASS BLVD
City-State-Zip:	DUNEDIN FL 34698

Title	SEC
Name	CORRIGAN, CHRISTINE
Address	1501 BASS BLVD
City-State-Zip:	DUNEDIN FL 34698

Title	MGR
Name	VILLAVICENCIO, NELY G
Address	1501 BASS BLVD
City-State-Zip:	DUNEDIN FL 34698

*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:** NELY VILLAVICENCIO**MANAGER****01/31/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date