

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000226627

Entity Name: AB NURSING CARE, LLC

Current Principal Place of Business:

5085 PALM HILL DR
APT W344
WEST PALM BEACH , FL 33415

Current Mailing Address:

5085 PALM HILL DR
APT W344
WEST PALM BEACH , FL 33415 US

FEI Number: 85-0597264

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABRAHAM, LYNDA
5085 PALM HILL DR
APT W344
WEST PALM BEACH, FL 33415 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: LYNDA ABRAHAM

03/15/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ABRAHAM, LYNDA
Address 5085 PALM HILL DR
APT W344
City-State-Zip: WEST PALM BEACH FL 33415

Title CEO
Name BLAKE , HUSANI A
Address 2941 SW 3RD ST
City-State-Zip: FORT LAUDERDALE FL 33312

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: HUSANI BLAKE

CEO

03/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date