

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000226627

Entity Name: AB NURSING CARE, LLC

Current Principal Place of Business:

364 BRITTANY H
DELRAY BEACH, FL 33446

Current Mailing Address:

364 BRITTANY H
DELRAY BEACH, FL 33446 US

FEI Number: 85-0597264

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABRAHAM, LYNDA
364 BRITTANY H
DELRAY BEACH, FL 33446 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 MGR
Name ABRAHAM, LYNDA
Address 364 BRITTANY H
City-State-Zip: DELRAY BEACH FL 33446

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: LYNDA ABRAHAM

MGR

06/30/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date