

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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:** Yes

**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

12/21/2022

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

*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

CEO

12/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date