

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000334346

Entity Name: ABI HEALTHCARE, LLC

Current Principal Place of Business:

13050 SW 56TH TER
MIAMI, FL 33183

Current Mailing Address:

13050 SW 56TH TER
MIAMI, FL 33183 US

FEI Number: 85-3560200

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ, CELIO
13050 SW 56TH TER
MIAMI, FL 33183 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 AMBR
Name HERNANDEZ, CELIO
Address 13050 SW 56TH TER
City-State-Zip: MIAMI FL 33183

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: CELIO HERNANDEZ

OWNER

03/31/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date