## **2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000242766

**Entity Name: GENESIS ABUNDANT CARE LLC** 

**Current Principal Place of Business:** 

5717 POST OAK BOULEVARD

4-113

WESLEY CHAPEL BLVD, FL 33544

**Current Mailing Address:** 

5717 POST OAK BOULEVARD

WESLEY CHAPEL BLVD, FL 33544 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICHARD, LOLITA 5717 POST OAK BOULEVARD 4-113

WESLEY CHAPEL BLVD, FL 33544 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: LOLITA RICHARD 06/10/2023

> Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title **AMBR** 

RICHARD, LOLITA L Name

5717 POST OAK BOULEVARD Address

4-113

City-State-Zip: WESLEY CHAPEL BLVD FL 33544

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: LOLITA LOUISE RICHARD

PRESIDENT OWNER

06/10/2023

**FILED** Jun 10, 2023

**Secretary of State** 

8856371806CR

Date