

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030688

**FILED**  
**Mar 09, 2008**  
**Secretary of State**

**Entity Name:** ABUNDANT LIFE HOME HEALTH AGENCY LLC.

**Current Principal Place of Business:**

C/O 1701 MAPLELEAF BLVD.  
OLDSMAR, FL 34677

**New Principal Place of Business:**

2750 MC.MULLEN BOOTH RD.  
SUITE 102-E  
CLEARWATER, FL 33761

**Current Mailing Address:**

C/O 1701 MAPLELEAF BLVD.  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 92-0202533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VILLAVICENCIO, NELY G  
C/O 1701 MAPLELEAF BLVD  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: VILLAVICENCIO, NELY G  
Address: 1701 MAPLELEAF BLVD.  
City-St-Zip: OLDSMAR, FL 34677

Title: VICE ( ) Delete  
Name: VILLAVICENCIO, FEDERICO L JR.  
Address: 1701 MAPLELEAF BLVD  
City-St-Zip: PLDSMAR, FL 34677

Title: TREA ( ) Delete  
Name: VILLAVICENCIO, CHRISTIAN G  
Address: 1701 MAPLELEAF BLVD  
City-St-Zip: OLDSMAR, FL 34677

Title: ASST ( ) Delete  
Name: VILLAVICENCIO, CHRISTLER  
Address: 1791 MAPLELEAF BLVD  
City-St-Zip: OLDSMAR, FL 34677

Title: SEC ( ) Delete  
Name: VILLAVICENCIO, CHRISTY  
Address: 1701 MAPLEALEAF BLVD.  
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ASST ( ) Change (X) Addition  
Name: CORRIGAN, CHRISTINE  
Address: C/O 1701 MAPLELEAF BLVD.  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: NELY VILLAVICENCIO

PRES

03/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date