

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030688

FILED
Mar 01, 2012
Secretary of State

Entity Name: ABUNDANT LIFE HOME HEALTH AGENCY LLC.

Current Principal Place of Business:

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

New Principal Place of Business:

28870 US HWY 19 N .
SUITE 325
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
Name: VILLAVICENCIO, NELY G
Address: 1701 MAPLELEAF BLVD.
City-St-Zip: OLDSMAR, FL 34677

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

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

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

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

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

I hereby 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

03/01/2012

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