

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105282

FILED
Jul 21, 2008
Secretary of State

Entity Name: ABUNDANT NURSING CARE, LLC.

Current Principal Place of Business:

1940 SE PORT ST LUCIE BLVD #271
PORT ST LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

941 SW DU BOIS AVE
PORT ST LUCIE, FL 34953

New Mailing Address:

2400 S.E. MIDPORT ROAD
#126
PORT ST LUCIE, FL 34952

FEI Number: 80-0163421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FEVRY, KENIDD
941 SW DU BOIS AVE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

JEAN-FRANCOIS, KENIDD
941 SW DU BOIS AVE
PORT ST LUCIE, FL 34953 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: KENIDD JEAN-FRANCOIS

07/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JEAN-FRANCOIS, KENIDD
Address: 941 SW DUBOIS AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: MGRM () Delete
Name: JEAN-FRANCOIS, SAMUEL
Address: 941 SW DUBOIS AVE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES:

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

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

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: KENIDD JEAN-FRANCOIS

MGR

07/21/2008

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