2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2024
Secretary of State
6640712422CC

DOCUMENT# L05000045597

Entity Name: ABSOLUTE FAMILY CARE, LLC

Current Principal Place of Business:

3033 RIDGELINE BLVD STE B
SUBSUITE B1
TARPON SPRINGS, FL 34688

Current Mailing Address:

3033 RIDGELINE BLVD STE B
SUBSUITE B1
TARPON SPRINGS, FL 34688 US

FEI Number: 86-1136986

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GITTINGER, JULIETTE
3033 RIDGELINE BLVD STE B
SUBSUITE B1
TARPON SPRINGS, FL 34688 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	MGRM
Name	GITTINGER, JULIETTE
Address	3033 RIDGELINE BLVD STE B SUBSUITE B1
City-State-Zip:	TARPON SPRINGS FL 34688

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: JULIETTE GITTINGER MGRM 03/27/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date