

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000099449

**Entity Name:** ABUNDANT LIFE NURSING AND SUPPORTIVE SERVICES LLC

**Current Principal Place of Business:**

2799 W OLD HWY 441  
MOUNT DORA, FL 32757

**Current Mailing Address:**

2799 W OLD HWY 441  
MOUNT DORA, FL 32757 US

**FEI Number:** 80-0843624

**Certificate of Status Desired:** No

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

ALLEN, PATRICIA F.  
2799 W OLD HWY 441  
MOUNT DORA, FL 32757 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:** PATRICIA ALLEN

05/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            OWNER  
Name            ALLEN, PATRICIA F.  
Address        2799 W OLD HWY 441  
City-State-Zip: MOUNT DORA FL 32757

Title            MGR  
Name            ALLEN, PATRICIA  
Address        2799 W OLD HWY 441  
City-State-Zip: MOUNT DORA FL 32757

*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:** PATRICIA ALLEN

MANAGER

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date