| Current Mailing Address: 2280 W. OLD US 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. 2280 W. OLD US 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 | | | | 02/06/2019 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | OWNER | Title | CFO, MANAGER | |
| Name | ALLEN, PATRICIA F. | Name | SIERRA PERRAS | |
| Address | 2280 W. OLD US HWY 441 | Address | P.O. BOX 1566 | |
| City-State-Zip: | MT. DORA FL 32757 | City-State-Zip: | EUSTIS FL 32727 | |

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: SIERRA PERRAS

CFO, MANAGER

02/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000099449

Entity Name: ABUNDANT LIFE NURSING AND SUPPORTIVE SERVICES LLC

Current Principal Place of Business:

2280 W. OLD US HWY 441 MOUNT DORA, FL 32757

С

F

N

FILED Feb 06, 2019 **Secretary of State** 9443686898CC

Date