## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000099449

Entity Name: ABUNDANT LIFE NURSING AND SUPPORTIVE SERVICES LLC

FILED
Jan 08, 2020
Secretary of State
6381198292CC

**Current Principal Place of Business:** 

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

## **Current Mailing Address:**

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

FEI Number: 80-0843624 Certificate of Status Desired: Yes

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 01/08/2020

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title OWNER Title MANAGER

Name ALLEN, PATRICIA F. Name SIERRA PERRAS

 Address
 2280 W. OLD US HWY 441
 Address
 2280 W. OLD US HWY 441

 City-State-Zip:
 MT. DORA FL 32757
 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

Electronic Signature of Signing Authorized Person(s) Detail

OWNER 01/08/2020

Date

Date