

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000031568

**Entity Name:** ABUNDANCE MATERNITY CARE, LLC

**Current Principal Place of Business:**

3245 RIDDLE DRIVE  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

3245 RIDDLE DRIVE  
TALLAHASSEE, FL 32309 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GUERRIER, NATHALIE  
3245 RIDDLE DRIVE  
TALLAHASSEE, FL 32309 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:** NATHALIE GUERRIER

01/22/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AP  
Name GUERRIER, NATHALIE  
Address 3245 RIDDLE DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

*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:** NATHALIE GUERRIER

01/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date