

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000110208

Entity Name: ABBY HEALTH CARE LLC

Current Principal Place of Business:

14490 SW 297TH ST
HOMESTEAD, FL 33033

Current Mailing Address:

14490 SW 297TH ST
HOMESTEAD, FL 33033 US

FEI Number: 86-2767140

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMADOR, YOLANDA
14490 SW 297TH ST
HOMESTEAD, FL 33033 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 MGR
Name AMADOR, YOLANDA
Address 14490 SW 297TH ST
City-State-Zip: HOMESTEAD FL 33033

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: YOLANDA AMADOR

PRESIDENT

02/11/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date