

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000389759

**Entity Name:** YOLANDA FERIDE ABUABARA LLC

**Current Principal Place of Business:**

1119 NATHAN RIDGE RD  
CLERMONT, FL 34715

**Current Mailing Address:**

1119NATHAN RIDGE RD  
CLERMONT, FL 34715 UN

**FEI Number: 87-2457708**

**Certificate of Status Desired: No**

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

ABUABARA, YOLANDA F  
1119NATHAN RIDGE RD  
CLERMONT, FL 34715 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 ABUABARA , YOLANDA F  
Address 1119 NATHAN RIDGE RD  
City-State-Zip: CLERMONT 34715

*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 FERIDE ABUABARA**

**MANAGER**

**01/31/2024**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date