

2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L25000204689

Entity Name: ABLELIVING MEMORY SUPPORT, PLLC

Current Principal Place of Business:

6808 CECELIA DRIVE
NEW PORT RICHEY, FL 34653

Current Mailing Address:

6808 CECELIA DRIVE
NEW PORT RICHEY, FL 34653 US

FEI Number: 39-2245551

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHESTNUT BUSINESS SERVICES, LLC
311 PARK PLACE BLVD STE 300
CLEARWATER, FL 33759 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 MORRISON, CHRISTOPHER M.D.
Address 6808 CECELIA DRIVE
City-State-Zip: NEW PORT RICHEY FL 34653

Title P
Name WACKSMAN, JEFFREY
Address 6808 CECELIA DRIVE
City-State-Zip: NEW PORT RICHEY FL 34653

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: JEFFREY WACKSMAN

P

04/09/2026

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date