

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000144641

**Entity Name:** FLORIDA U-CARE LLC

**Current Principal Place of Business:**

405 CENTER ISLAND DR.  
GOLDEN BEACH, FL 33160

**Current Mailing Address:**

405 CENTER ISLAND DR.  
GOLDEN BEACH, FL 33160

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MURCIANO, TANIA  
405 CENTER ISLAND DR.  
GOLDEN BEACH, FL 33160 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:** TANIA MURCIANO

10/16/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name VAN DAM, YLANIT  
Address 405 CENTER ISLAND DR.  
City-State-Zip: GOLDEN BEACH FL 33160

*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:** YLANIT VAN DAM

MGR

10/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date