

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000171117

**Entity Name:** BEST CARE SERVICES AND ASSOCIATES "LLC"

**Current Principal Place of Business:**

2405 NE 13TH AVE  
GAINESVILLE, FL 32641

**Current Mailing Address:**

2405 NE 13TH AVE  
GAINESVILLE, FL 32641 US

**FEI Number:** 32-0073382

**Certificate of Status Desired:** No

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

JOHNSON, DWAYNE A SR.  
2405 NE 13TH AVE  
GAINESVILLE, FL 32641 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:** DWAYNE A JOHNSON SR

11/02/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JOHNSON, DWAYNE A SR  
Address 2405 NE13TH AVE  
City-State-Zip: GAINESVILLE FL 32641

Title AP  
Name JOHNSON, TYRE T  
Address 2405 NE 13TH AVE  
City-State-Zip: GAINESVILLE FL 32641

*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:** DWAYNE JOHNSON SR

OWNER

11/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date