

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000174205

**Entity Name:** CASA HEALTHCARE FLA, LLC

**Current Principal Place of Business:**

3647 VICTORIA MANOR DRIVE  
C-207  
LAKELAND, FL 33805

**Current Mailing Address:**

3647 VICTORIA MANOR DRIVE  
C-207  
LAKELAND, FL 33805 US

**FEI Number:** 82-2644994

**Certificate of Status Desired:** No

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

EPSTEIN, JEFFREY E  
3647 VICTORIA MANOR DRIVE  
C-207  
LAKELAND, FL 33805 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:** JEFFREY E. EPSTEIN

11/27/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name EPSTEIN, JEFFREY E  
Address 3647 VICTORIA MANOR DRIVE  
C-207  
City-State-Zip: LAKELAND FL 33805

*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 E. EPSTEIN

MANAGER

11/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date