## **2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000213870

Entity Name: ONE LOVE HEALTHCARE SERVICES LLC

**Current Principal Place of Business:** 

1873 SE ELROSE ST PORT ST LUCIE. FL 34952

**Current Mailing Address:** 

1925 SW GUERNSEY ST. PORT ST LUCIE, FL 34987

FEI Number: 82-3299470 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FEARON, SHERENE N 1925 SW GUERNSEY ST. PORT ST LUCIE, FL 34987 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: SHERENE N FEARON 10/08/2018

Electronic Signature of Registered Agent

Date

FILED Oct 08, 2018

**Secretary of State** 

CR7030285827

## Authorized Person(s) Detail:

Title PRESIDENT, CEO

Name FEARON, SHERENE N

Address 1925 SW GUERNSEY ST.

City-State-Zip: PORT ST LUCIE FL 34987

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: SHERENE N FEARON

CEO, PRESIDENT

10/08/2018

Date