

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000053225

**Entity Name:** HOMECARE AT BELLEVIEW LLC

**Current Principal Place of Business:**

9934 SE 64TH AVENUE  
BELLEVIEW, FL 34420

**Current Mailing Address:**

PO BOX 310774  
TAMPA, FL 33680

**FEI Number:** 82-4583147

**Certificate of Status Desired:** No

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

THOMAS, CARL E III  
9934 SE 64TH AVENUE  
BELLEVIEW, FL 34420 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:** CARL E THOMAS

07/26/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           THOMAS, CARL  
Address       PO BOX 310774  
City-State-Zip: TAMPA FL 33680

*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:** CARL THOMAS

MANAGER

07/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date