

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000149442

**Entity Name:** 3 SISTER'S HOME CARE SOLUTIONS LLC

**Current Principal Place of Business:**

2888 HAVENDALE BLVD  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

2888 HAVENDALE BLVD  
WINTER HAVEN, FL 33881 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HAWTHORNE, TENESIA D  
2888 HAVENDALE BLVD  
WINTER HAVEN, FL 33881 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:** TENESIA HAWTHORNE

09/17/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BURROUGH, ANETRESS L  
Address 930 TENNIS WAY  
City-State-Zip: HAINES CITY, FL 33844

Title MGR  
Name ALLEN, SHANTEL C  
Address 1211 30TH ST NW  
City-State-Zip: WINTER HAVEN FL 33881

Title MGR  
Name HAWTHORNE, TENESIA D  
Address 2719 AVENUE Q NW  
City-State-Zip: WINTER HAVEN FL 33881

*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:** TENESIA HAWTHORNE

MGR

09/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date