

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000380759

**Entity Name:** ADMIRABLE CARE FOR FAMILIES LLC

**Current Principal Place of Business:**

4150 WORLINGTON TERRACE  
FORT PIERCE, FL 34947

**Current Mailing Address:**

4150 WORLINGTON TERRACE  
FORT PIERCE, FL 34947 US

**FEI Number: 85-4154645**

**Certificate of Status Desired: No**

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

MILLER, ROSEMARIE  
4150 WORLINGTON TERRACE  
FORT PIERCE, FL 34947 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: ROSEMARIE MILLER**

**12/01/2021**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            MILLER, ROSEMARIE  
Address        4150 WORLINGTON TERRACE  
City-State-Zip: FORT PIERCE FL 34947

*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: ROSEMARIE MILLER**

**12/01/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date