

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000008540

**FILED**  
**Nov 08, 2004**  
**Secretary of State**

**Entity Name:** COMMUNITY CARE RESOURCES, L.C.

**Current Principal Place of Business:**

13200 SW 128TH ST., STE T-4  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

13200 SW 128TH ST., STE T-4  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 65-1118426      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GOLZALEZ, ARMANDO  
13200 SW 128TH STREET F-4  
MIAMI, FL 33186 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** VALDES, FRANCISCO  
**Address:** 13200 S.W. 128TH STREET, SUITE F-4  
**City-St-Zip:** MIAMI, FL 33186

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: FRANCISCO VALDES

MGRM

11/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date