2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 14, 2005
Secretary of State

DOCUMENT# L03000007503

Entity Name: CASABEL HOME CARE, L.L.C.

Current Principal Place of Business:

2472 SW 113 CT
MIAMI, FL 33165

New Principal Place of Business:

2472 SOUTHWEST 113 COURT
MIAMI, FL 33165

Current Mailing Address:

2472 SW 113 CT
MIAMI, FL 33165

New Mailing Address:

2472 SOUTHWEST 113 COURT
MIAMI, FL 33165

FEI Number: 41-2088426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATES, LESTER G ESQ
804 GABLES INTERNATIONAL PLAZA
2655 LEJEUNE RD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RODRIGUEZ, ADALBERTO
2472 SOUTHWEST 113 COURT
MIAMI, FL 33165 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: ADALBERTO RODRIGUEZ 10/14/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CASTELLANOS, ERIC
Address: 6800 SW 133 TERRACE
City-St-Zip: MIAMI, FL 33156

Title: MGR (X) Delete
Name: PIMIENTA, ISABEL
Address: 6181 SW 162 CT
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RODRIGUEZ, ADALBERTO
Address: 2472 SOUTHWEST 113 COURT
City-St-Zip: MIAMI, FL 33165

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: ADALBERTO RODRIGUEZ MGRM 10/14/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date