

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000032885

FILED
Jan 13, 2005
Secretary of State

Entity Name: GOLDEN AGE HOME CARE OF BROWARD, L.L.C.

Current Principal Place of Business:

9000 SHERIDAN ST., STE. 104
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

9000 SHERIDAN ST., STE. 104
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

CHIRINO, LUIS F
9000 SHERIDAN ST., STE. 104
PEMBROKE PINES, FL 33024 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: LUIS F. CHIRINO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CHIRINO, LUIS F
Address: 9000 SHERIDAN ST., STE. 104
City-St-Zip: PEMBROKE PINES, FL 33024

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: LUIS F. CHIRINO

MGRM

01/13/2005

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