2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 18 AM 9:14

DOCUMENT # L03000053091

1. Entity Name
VITCARE LLC

Principal Place of Business: ~~600 OAKFIELD DRIVE BRANDON, FL 33511 FL~~

Mailing Address: ~~600 OAKFIELD DRIVE BRANDON, FL 33511 FL~~

03152005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business: 3131 W. Kennedy Blvd
Suite, Apt. #, etc.
City & State: TAMPA FL
Zip: 33609 Country: Hillsborough

3. Mailing Address: 3131 W. Kennedy Blvd
Suite, Apt. #, etc.
City & State: TAMPA FL
Zip: 33609 Country: Hillsborough

4. FE Number: 20-0712531 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVEY, JEFF
6217 MARBELLA BLVD
APOLLO BEACH, FL 33572

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________ DATE 3/15/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LEVEY, JEFF 6217 MARBELLA BLVD APOLLO BEACH, FL 33572	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 04-05 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCHAEFER, ROBERTA 6217 MARBELLA BLVD APOLLO BEACH, FL 33572	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400049077504 03/24/05--01006--001 **100.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: ________ 3/15/05 813-871-1336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Jeff Levey