

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-15-06
150.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:32

DOCUMENT # L04000004158

1. Limited Liability Company's Name

Elder Care Planning, LLC

CR2E041 (8/05)

2. Principal Office Address

124 Saratoga Blvd W.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip
33411

Country
US

3. Mailing Office Address

3564 Avalon PK Bvd E. Ste 1

Suite, Apt. #, etc.

No. 106

City & State

Orlando, FL

Zip
32828

Country
US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/15/2004

6. FEI Number

03-0537314

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Carmen Rios

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

124 Saratoga Blvd. West

Suite, Apt. #, Etc.

City

Royal Palm Beach

State
FL

Zip Code
33411

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Carmen Rios

REGISTERED AGENT MUST SIGN

Date

12/4/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Carmen Rios, a/k/a Brigitte Nunez-Del Rio	124 Saratoga Blvd. West	Royal Palm Beach, FL 33411
Mgr.	Luisa Barry	3564 Avalon Park Blvd. East, Ste. 1	Orlando, FL 32828

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Carmen Rios

Date 12/4/06

Daytime Phone # 561-281-2156

Typed or printed name of signing Managing Member/Manager Carmen Rios