

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000074150

**FILED**  
**Oct 08, 2007**  
**Secretary of State**

**Entity Name:** TRUE COMPANION HOMECARE SERVICES, L.L.C.

**Current Principal Place of Business:**

1000 W. MCNAB RD  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

2600 ARBOR LANE  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 59-3785902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLANCHARD, JOSEPH  
2600 ARBOR LANE  
ROYAL PALM BEACH, FL 33411 US

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

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:** JOSEPH BLANCHARD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** BLANCHARD, JOSPEH  
**Address:** 2600 ARBOR LANE  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

**Title:** MGRM ( ) Delete  
**Name:** BLANCHARD, CARMEL  
**Address:** 2600 ARBOR LANE  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** JOSEPH BLANCHARD

MGRM

10/08/2007

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