

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000022287

**FILED**  
**Feb 13, 2013**  
**Secretary of State**

**Entity Name:** UNITED HOME CARE SERVICES OF NORTHWEST FLORIDA LLC.

**Current Principal Place of Business:**

4400 BAYOU BLVD  
BLDG 21 D  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

4400 BAYOU BLVD  
BLDG 21 D  
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number:** 59-0598107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STONE, STACEY S  
4400 BAYOU BLVD  
BLDG 21 SUITE D  
PENSACOLA, FL 32503 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:** STACEY S STONE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** STONE, STACEY S  
**Address:** 4400 BAYOU BLVD BLDG 21 D  
**City-St-Zip:** PENSACOLA, FL 32503 US

I hereby 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:** STACEY S STONE

P

02/13/2013

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