

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000058971

FILED
Oct 30, 2008
Secretary of State

Entity Name: THE LIMB CARE CENTER LLC

Current Principal Place of Business:

1309 FLAGSHIP CT
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1309 FLAGSHIP CT
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 22-3914631 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

CECIL, NANCY S EA
80 MARKLAND PLACE
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

CECIL, NANCY S EA
201 HERITAGE CT
ST AUGUSTINE, FL 32080 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: NANCY S CECIL

10/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEREIRA, RYAN
Address: 1309 FLAGSHIP CT
City-St-Zip: ST AUGUSTINE, FL 32080

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 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: RYAN J PEREIRA

MGRM

10/30/2008

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