

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000091312

**Entity Name:** DEAN SPECIAL CARE LLC

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3912 S.W. LEESBURG STREET  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

3912 S.W. LEESBURG STREET  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

P.O. BOX 881453  
PORT ST. LUCIE, FL 34988

**FEI Number:** 20-3494266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CODLING-WILLIAMS, ALDENE A  
3912 S.W. LEESBURG STREET  
PORT ST. LUCIE, FL 34953 US

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

CODLING, ALDENE A  
3912 S.W. LEESBURG STREET  
PORT ST. LUCIE, FL 34953 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: ALDENE CODLING

10/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CODLING, ALDENE A  
Address: 3912 S.W. LEESBURG STREET  
City-St-Zip: PORT ST. LUCIE, FL 34953

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: ALDENE CODLING

MGR

10/01/2010

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