

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000095261

**FILED**  
**Oct 27, 2014**  
**Secretary of State**

**Entity Name:** WELLINGTON LIFE CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

1601 BELVEDERE ROAD  
407 SOUTH  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

1601 BELVEDERE ROAD  
407 SOUTH  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

**FEI Number:** 20-3541353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEYER, WILLIAM A  
1601 BELVEDERE ROAD  
407 SOUTH  
WEST PALM BEACH, FL 33406 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:** WILLIAM MEYER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** MEYER, WILLIAM A  
**Address:** 1601 BELVEDERE ROAD, 407 S  
**City-St-Zip:** WEST PALM BEACH, FL 33406 US

**Title:** MGR  
**Name:** TENDRICH, STEVEN A  
**Address:** 1601 BELVEDERE ROAD, 407 S  
**City-St-Zip:** WEST PALM BEACH, FL 33406 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** WILLIAM MEYER

RA

10/27/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date