2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 07, 2007
Secretary of State

DOCUMENT# L05000101392

Entity Name: ABRAMS KOZY CARE, LLC

Current Principal Place of Business:

2256 SE BOWIE STREET
PT. ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2256 SE BOWIE STREET
PT. ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 20-3711857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

ABRAMS, SHARON
1534 CORBISON POINTE
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

ABRAMS, SHARON
13675 EXOTICA LANE
WELLINGTON, FL 33414 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: SHARON ABRAMS 10/07/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ABRAMS, SHARON
Address: 2256 SE BOWIE STREET
City-St-Zip: PT. ST. LUCIE, FL 34952

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: SHARON ABRAMS MGRM 10/07/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date