

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000101392

Entity Name: ABRAMS KOZY CARE, LLC

**FILED**  
**Sep 30, 2008**  
**Secretary of State**

**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 ( )

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

ABRAMS, SHARON  
13675 EXOTICA LANE  
WELLINGTON, FL 33414 US

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

ABRAMS, SHARON  
828 SILVERBELL 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

09/30/2008

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: MGRM (X) Change ( ) Addition  
Name: ABRAMS, SHARON M ADM.  
Address: 2256 SE BOWIE STREET  
City-St-Zip: PT. ST. LUCIE, FL 34952

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

ADM.

09/30/2008

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