

**2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000016838

**FILED  
Feb 25, 2013  
Secretary of State**

**Entity Name:** ORLANDO SENIOR ASSISTANT CARE, LLC

**Current Principal Place of Business:**

117 LEONARD CT.  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 616777  
ORLANDO, FL 32861

**New Mailing Address:**

**FEI Number:** 20-4317458      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CHARLOTTE TURNER  
117 LEONARD CT  
ORLANDO, FL 32811    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: CHARLOTTE TURNER

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** TURNER, CHARLOTTE H  
**Address:** 117 LEONARD CT  
**City-St-Zip:** ORLANDO, FL 32811

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: CHARLOTTE TURNER

MEMB

02/25/2013

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