

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000033952

FILED
Oct 04, 2007
Secretary of State

Entity Name: FIRST ONE FINANCIAL, TAX AND PERSONAL CARE SERVICES, LLC

Current Principal Place of Business:

4131 NW 13TH ST
STE 201
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

4131 NW 13TH ST
STE 201
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 20-4599559 **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:

MCCLAIN, GARY A
1200 SALT MARSH LANE
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

MCCLAIN, GARY A
1200 SALT MARSH LANE
ORANGE PARK, FL 32005 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: GARY A MCCLAIN

10/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RICHARDSON, JOE B
Address: 2940 NW 68TH AVE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGRM () Delete
Name: MCCLAIN, GARY A
Address: 1200 SALT MARSH LANE
City-St-Zip: ORANGE PARK, FL 32003 US

Title: MGRM () Delete
Name: ROBINSON, GWENDOLYN C
Address: P. O. BOX 241
City-St-Zip: ARCHER, FL 32618 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MCCLAIN, GARY A
Address: 1200 SALT MARSH LANE
City-St-Zip: ORANGE PARK, FL 32005 US

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: GARY A MCCLAIN

MGRM

10/04/2007

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