## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L06000080902

Entity Name: PLATINUM HOME HEALTHCARE, LLC

**FILED** Oct 28, 2008 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

1025 WEST OAK RIDGE RD. 1704 W 9TH STREET ORLANDO, FL 32809 SANFORD, FL 32771

**Current Mailing Address: New Mailing Address:** 

1704 W 9TH STREET 1025 WEST OAK RIDGE RD. ORLANDO, FL 32809 SANFORD, FL 32771

FEI Number: 20-5388102 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: Name and Address of New Registered Agent:

CARLOS, CARVIZ CARLOS, CARVIZ 1025 WEST OAK RIDGE RD. 1704 W 9TH STREET ORLANDO, FL 32809 US SANFORD, FL 32771

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.

ADDITIONS/CHANGES:

SIGNATURE: CARVIZ CARLOS 10/28/2008

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

MGRM Title: () Delete (X) Change ( ) Addition

CARLOS, CARVIZ CARLOS, CARVIZ Name: Name: 116 LAMPLIGHTER ROAD Address: 2432 BREEZY MEADOW RD. Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: APOPKA, FL 32712

Title: MGRM Title: MGRM

() Delete (X) Change ( ) Addition MERCADO, JENNY Name: JOCELYN, CARLOS Name:

Address: 6669 CHERRY GROVE CIRCLE Address: 2432 BREEZY MEADOW RD City-St-Zip: ORLANDO, FL 32809 City-St-Zip: APOPKA, FL 32712

Title: MGRM (X) Delete Title: () Change () Addition

ARMAS, MARY GRACE Name: Name: Address: 16962 DEER OAK LANE Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

Name: DEGUZMAN, CAROLINE S Name: 3281 HAWKS NEST DRIVE Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip:

Title: Title: MGRM (X) Delete () Change () Addition

MOLINA, ROSELOU F Name: Name: 1618 SAGE CREEK COURT Address: Address: City-St-Zip: ORLANDO, FL 32824 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: CARVIZ CARLOS **MNGR** 10/28/2008