

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000017616

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** CARINGPLUS 2 HOMECARE, LLC

**Current Principal Place of Business:**

4365 CALEDONIA AVENUE  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

4365 CALEDONIA AVENUE  
APOPKA, FL 32712

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HINCKLEY, JAMES C  
4130 FLORALWOOD COURT  
ORLANDO, FL 32812 US

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

ARROJO, MICHAEL I  
4365 CALEDONIA AVE.  
APOPKA, FL 32712 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: MICHAEL ARROJO

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ARROJO, MICHAEL I  
Address: 4365 CALEDONIA AVENUE  
City-St-Zip: APOPKA, FL 32712

Title: MGRM  
Name: ARROJO, KRISTEN I  
Address: 4365 CALEDONIA AVENUE  
City-St-Zip: APOPKA, FL 32712

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: MICHAEL ARROJO

MGRM

04/26/2011

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