

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000020012

Entity Name: CECELIA'S CARE LLC

**FILED**  
**Jan 29, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

7810 NW 145TH AVE RD  
MORRISTON, FL 32668

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 4796  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 26-1356104      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

DOZIER, TANEKA N  
7810 NW 145TH AVE RD  
MORRISTON, FL 32668      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: TANEKA DOZIER

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DOZIER, TANEKA N  
Address: 7810 NW 145TH AVE RD  
City-St-Zip: MORRISTON, FL 32668

**ADDITIONS/CHANGES:**

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: TANEKA DOZIER

MGR

01/29/2009

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