

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000020012

Entity Name: CECELIA'S CARE LLC

**FILED**  
**Oct 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7810 NW 145TH AVE RD  
MORRISTON, FL 32668

**New Principal Place of Business:**

11 JUNIPER PASS CSE  
OCALA, FL 34480

**Current Mailing Address:**

P. O. BOX 4796  
OCALA, FL 34478

**New Mailing Address:**

11 JUNIPER PASS CSE  
OCALA, FL 34480

FEI Number: 26-1356104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

DOZIER, TANEKA N  
11 JUNIPER PASS CSE  
OCALA, FL 34480 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 N DOZIER

10/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DOZIER, TANEKA N  
Address: 11 JUNIPER PASS CSE  
City-St-Zip: OCALA, FL 34480

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: TANEKA N DOZIER

MGR

10/25/2010

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