

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000020012

1. Limited Liability Company's Name

Cecelia's Care LLC.

2. Principal Office Address - No P.O. Box #
11 Juniper Pass Course

Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 4796

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34480

Country

USA

Zip

34478

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

02/22/2007

6. FEI Number

26-1356104

☒

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Taneka Dozier

Street Address (P.O. Box Number is Not Acceptable)

11 Juniper Pass Course

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34480

E-mail Address:

900212899539
10/04/11--01025--005 **243.75

Tdoziercares@aol.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Taneka Dozier

Date **9/29/11**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Taneka Dozier	11 Juniper Pass Course	Ocala, FL.34480

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Taneka Dozier

Date **09/29/2011**

Daytime Phone # **(352) 361-5073**

Typed or printed name of signing Managing Member/Manager