

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000030147

1. Entity Name  
A-REGALCARE COMPANION AND CAREGIVER  
SERVICES, LLC



FILED  
08 NOV 24 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
723 BENTON AVENUE  
BROOKSVILLE, FL 34601 US

Mailing Address  
723 BENTON AVENUE  
BROOKSVILLE, FL 34601 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10032008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Name

RICK LEONE ESQ.

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

RICK LEONE P.A.

City

SPRING HILL

FL

Zip Code

34608

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Rick Leone*

RICK LEONE - ATTORNEY

11/19/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After January 1, 2009, Fee will be \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
DOHERTY, MARIA D  
14089 HIGHGROVE ROAD  
SPRING HILL, FL 34609

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800138365668  
12/02/08--01011--003 \*\*138.75

☐ Change ☐ Addition

TITLE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*M. Doherty*

10/13/08 (352)596-9990

Date

Daytime Phone #