

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000059485

**FILED**  
**Oct 23, 2008**  
**Secretary of State**

**Entity Name:** SUNDIAZ HOME CARE PROFESSIONALS, LLC

**Current Principal Place of Business:**

11284 LIBBY ROAD  
SPRINGHILL, FL 34609

**New Principal Place of Business:**

927 NEW HAVEN AVENUE  
308  
MELBOURNE, FL 32901

**Current Mailing Address:**

11284 LIBBY ROAD  
SPRINGHILL, FL 34609

**New Mailing Address:**

927 NEW HAVEN AVENUE  
308  
MELBOURNE, FL 32901

**FEI Number:** 26-0339249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIAZ-SANTIAGO, RAQUEL  
11284 LIBBY ROAD  
SPRINGHILL, FL 34609 US

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

DIAZ-SANTIAGO, RAQUEL  
927 NEW HAVEN AVENUE  
308  
MELBOURNE, FL 32901 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: RAQUEL DIAZ-SANTIAGO

10/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DIAZ-SANTIAGO, RAQUEL  
Address: 11284 LIBBY ROAD  
City-St-Zip: SPRINGHILL, FL 34609

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DIAZ-SANTIAGO, RAQUEL  
Address: 927 NEW HAVEN AVENUE, SUITE 308  
City-St-Zip: MELBOURNE, FL 32901

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: RAQUEL DIAZ-SANTIAGO

MGR

10/23/2008

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