

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000075076

**FILED**  
**Oct 15, 2013**  
**Secretary of State**

**Entity Name:** VERA'S LOVE & CARE SERVICES, LLC

**Current Principal Place of Business:**

89 LOUIS STREET  
TALLAHASSEE, FL 32333

**New Principal Place of Business:**

1817 RAA AVENUE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

403 VINNEDGE RIDE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

1817 RAA AVENUE  
TALLAHASSEE, FL 32303

**FEI Number:** 36-4609607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WOODS, ELVERA  
89 LOUIS STREET  
HAVANA, FL 32333 US

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

WOODS, ELVERA  
1817 RAA AVENUE  
TALLAHASSEE, FL 32303 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: ELVERA WOODS

10/15/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WOODS, ELVERA  
Address: 1817 RAA AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM  
Name: WOODS, SHEDRICK  
Address: 1817 RAA AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

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: ELVERA WOODS

MGR

10/15/2013

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