

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000098956

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** D'VAL HOME HEALTH AGENCY LLC

**Current Principal Place of Business:**

4995 N.W. 72ND. AVENUE  
406  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

4995 N.W. 72ND. AVENUE  
406  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 26-1846159      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

VALENCIA, CARLOS F  
4995 N.W. 72ND. AVENUE  
406  
MIAMI, FL 33166 US

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

CASTELLON, MAYBEL  
4995 N.W. 72ND. AVENUE  
406  
MIAMI, FL 33166 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: MAYBEL CASTELLON

01/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VALENCIA, CARLOS F  
Address: 4995 N.W. 72ND. AVENUE SUITE 406  
City-St-Zip: MIAMI, FL 33166

Title: MGR  
Name: CASTELLON, MAYBEL  
Address: 4995 N.W. 72ND. AVENUE SUITE 406  
City-St-Zip: MIAMI, FL 33166

Title: MGR  
Name: CASTELLON, BRISMAY  
Address: 4995 N.W. 72ND. AVENUE SUITE 406  
City-St-Zip: MIAMI, FL 33166

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: MAYBEL CASTELLON

MGR

01/21/2010

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