

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000124923

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

**Entity Name:** ON Q HOME CARE SERVICES LLC

**Current Principal Place of Business:**

2319 123RD PLACE EAST  
PARRISH, FL 34219 US

**New Principal Place of Business:**

12434 24TH STREET E.  
PARRISH, FL 34219 US

**Current Mailing Address:**

2319 123RD PLACE EAST  
PARRISH, FL 34219 US

**New Mailing Address:**

12434 24TH STREET E.  
PARRISH, FL 34219 US

**FEI Number:** 26-1571386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LOPEZ, QUERIDA L CEO  
2319 123RD PLACE EAST  
PARRISH, FL 34219 US

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

QUERIDA L. LOPEZ  
12434 24TH STREET E.  
PARRISH, FL 34219 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: QUERIDA L. LOPEZ CEO/COO

09/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LOPEZ, QUERIDA L  
Address: 12434 24TH STREET E.  
City-St-Zip: PARRISH, FL 34219 US

Title: MGRM  
Name: LOPEZ, MAYA A  
Address: 12434 24TH STREET EAST  
City-St-Zip: PARRISH, FL 34219

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: QUERIDA L. LOPEZ

CEO

09/21/2010

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