

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000124923

**FILED**  
**Nov 05, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2820 124TH AVENUE E.  
PARRISH, FL 34219 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1188  
ELLENTON, FL 34222 US

**New Mailing Address:**

**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/COO  
2820 124TH AVENUE E.  
PARRISH, FL 34219 US

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

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LOPEZ, QUERIDA L  
**Address:** 2820 124TH AVE. E  
**City-St-Zip:** PARRISH, FL 34219 US

**Title:** MGR  
**Name:** LOPEZ, MAYA A  
**Address:** 2820 124TH AVE. E  
**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

11/05/2012

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