

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000015515

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** ANOINTED COMPANION LLC

**Current Principal Place of Business:**

721 GILMORE AVENUE  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

3449 DOREEN DR  
LAKELAND, FL 33810 US

**Current Mailing Address:**

721 GILMORE AVENUE  
LAKELAND, FL 33801 US

**New Mailing Address:**

P O BOX 91862  
LAKELAND, FL 33804 US

**FEI Number:** 26-1961080      **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:**

FORM-A-CORP  
4400 PGA BLVD  
SUITE 900  
PALM BEACH GARDENS, FL 33410 US

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

LIDA D LIVINGSTON  
3449 DOREEN DR  
LAKELAND, FL 33810 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: LIDA D LIVINGSTON

03/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LIVINGSTON, LIDA D  
Address: 3449 DOREEN DR  
City-St-Zip: LAKELAND, FL 33810S US

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: LIDA D LIVINGSTON

MBR

03/11/2010

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