

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000034704

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** NOSE FOR NURSING, LLC

**Current Principal Place of Business:**

7964 NW 18 COURT  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

7964 NW 18 COURT  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 26-2442738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BLAKE-COLLINGTON, DONNA  
7964 NW 18 COURT  
PEMBROKE PINES, FL 33024 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:** DONNA BLAKE-COLLINGTON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BLAKE-COLLINGTON, DONNA  
**Address:** 7964 NW 18 COURT  
**City-St-Zip:** PEMBROKE PINES, FL 33024

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:** DONNA BLAKE-COLLINGTON

MGRM

03/28/2012

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