

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000075259

FILED
Nov 09, 2009
Secretary of State

Entity Name: PERSONALIZED NURSING & HOME CARE, LLC

Current Principal Place of Business:

14801 FRIPP ISLAND CT.
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

14801 FRIPP ISLAND CT.
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 26-3719179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

BUCKLEY, PAMELA
14801 FRIPP ISLAND CT.
NAPLES, FL 34119 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: PAMELA BUCKLEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUCKLEY, DANIEL
Address: 14801 FRIPP ISLAND CT.
City-St-Zip: NAPLES, FL 34119 US

Title: MGRM () Delete
Name: BUCKLEY, PAMELA
Address: 14801 FRIPP ISLAND CT.
City-St-Zip: NAPLES, FL 34119 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PAMELA BUCKLEY

MGRM

11/09/2009

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