

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000085109

Entity Name: FIRST RATE CARE LLC

**FILED**  
**Dec 03, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

14005 SW 10TH STREET  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

14005 SW 10TH STREET  
MIAMI, FL 33184

**New Mailing Address:**

FEI Number: 26-3410266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VIVIAN, PEREZ  
14005 SW 10TH STREET  
MIAMI, FL 33184 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: VIVIAN PEREZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PEREZ, VIVIAN  
Address: 14005 SW 10TH STREET  
City-St-Zip: MIAMI, FL 33184 US

**ADDITIONS/CHANGES:**

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: VIVIAN PEREZ

MGR

12/03/2009

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