

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000097848

FILED
Nov 24, 2009
Secretary of State

Entity Name: NORTH FLORIDA CARE AND COMFORT LLC

Current Principal Place of Business:

3643 NW 36TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

3643 NW 36TH PLACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 26-3546767 **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:

WOODY, DAVIN D
3643 NW 36TH PLACE
GAINESVILLE, FL 32605 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: DAVIN D. WOODY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOODY, DAVIN D
Address: 3643 NW 36TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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: DAVIN D. WOODY

MGR

11/24/2009

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