

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000021779

Entity Name: MY FOOT CARE HELP LLC

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

499 E PALMETTO PARK BLVD  
STE 206  
BOCA RATON, FL 33432

## **New Principal Place of Business:**

10084 CAMELBACK LANE  
BOCA RATON, FL 33498

## **Current Mailing Address:**

499 E PALMETTO PARK BLVD  
STE 206  
BOCA RATON, FL 33432

## **New Mailing Address:**

10084 CAMELBACK LANE  
BOCA RATON, FL 33498

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

PALMER, KEVIN  
499 E PALMETTO PARK BLVD  
STE 206  
BOCA RATON, FL 33432 US

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

PALMER, KEVIN  
10084 CAMELBACK LANE  
BOCA RATON, FL 33498 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: KEVIN PALMER

02/18/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PALMER, KEVIN  
Address: 10084 CAMELBACK LANE  
City-St-Zip: BOCA RATON, FL 33498

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: KEVIN PALMER

MGRM

02/18/2011

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