

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000022550

**Entity Name:** MURRY'S HOME CARE, LLC

**FILED**  
**Oct 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1621 DAVIE BLVD.  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

1621 DAVIE BLVD.  
FT. LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 20-8351319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURRY, DIANA  
1621 DAVIE BLVD  
FT. LAUDERDALE, FL 33312 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:** DIANA MURRY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** MURRY, DIANA  
**Address:** 1621 DAVIE BLVD  
**City-St-Zip:** FT. LAUDERDALE, FL 33312

**Title:** VP  
**Name:** LAING, SHERMAN  
**Address:** 1621 DAVIE BLVD.  
**City-St-Zip:** FT. LAUDERDALE, FL 33312

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:** DIANA MURRY

PRES

10/29/2012

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