

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000050431

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** REFLECTIONS COMPANION CAREGIVERS, LLC

**Current Principal Place of Business:**

9356 THORN GLEN RD  
JACKSONVILLE, FL 32208 US

**New Principal Place of Business:**

645 MAYPORT ROAD  
SUITE 4E  
ATLANTIC BEACH, FL 32233 US

**Current Mailing Address:**

9356 THORN GLEN RD  
JACKSONVILLE, FL 32208 US

**New Mailing Address:**

645 MAYPORT ROAD  
SUITE 4E  
ATLANTIC BEACH, FL 32233 US

**FEI Number:** 27-0517126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREEN, OTIS H III  
9356 THORN GLEN RD  
JACKSONVILLE, FL 32208 US

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

GREEN, STEPHANIE  
1625 RICHARDSON LANE  
ATLANTIC BEACH, FL 32233 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: STEPHANIE GREEN

02/15/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GREEN, STEPHANIE E  
Address: 1625 RICHARDSON LANE  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

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: STEPHANIE GREEN

MGR

02/15/2012

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