

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000078374

Entity Name: ONE WHO CARES LLC

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2485 SW OLDS PLACE  
SUITE 1  
STUART,, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

2485 SW OLDS PLACE  
SUITE 1  
STUART,, FL 34997

**New Mailing Address:**

FEI Number: 27-5163358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAHONEY, MAUREEN L  
2485 SW OLDS PLACE  
SUITE 1  
STUART, FL 34997 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: MAUREEN MAHONEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MAHONEY, MAUREEN L  
Address: 2485 SW OLDS PLACE SUITE 1  
City-St-Zip: STUART,, FL 34997

Title: MGRM  
Name: FIKE, DANA  
Address: 411 SE STARFLOWER AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: MAUREEN MAHONEY

MGR

02/25/2011

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