

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000005556

**FILED**  
**Nov 23, 2011**  
**Secretary of State**

**Entity Name:** BETHEL HOUSE OF CARE SERVICES, LLC

**Current Principal Place of Business:**

539 AZALEA BLOOM DR  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2777  
APOPKA, FL 32704

**New Mailing Address:**

539 AZALEA BLOOM DR  
APOPKA, FL 32712

**FEI Number:** 45-3221924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELLEVUE, MICHEL D  
539 AZALEA BLOOM DR  
APOPKA, FL 32712 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:** MICHEL BELLEVUE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BELLVUE, MICHEL D  
**Address:** P.O. BOX 2777  
**City-St-Zip:** APOPKA, FL 32704

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:** MICHEL BELLEVUE

MGR

11/23/2011

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