

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000039813

FILED
Apr 29, 2012
Secretary of State

Entity Name: C & S COMPLETE MOBILE CARE, LLC

Current Principal Place of Business:

2355 SW 28TH ST.
40B
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

2355 SW 28TH ST.
40B
OKEECHOBEE, FL 34974 US

New Mailing Address:

FEI Number: 27-2350648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGOWEN, CLAYTON
2355 SW 28TH ST.
40B
OKEECHOBEE, FL 34974 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: CLAYTON MCGOWEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MCGOWEN, CLAYTON
Address: 2355 SW 28TH ST. #40B
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: MGRM
Name: MCGOWEN, SANDY
Address: 2355 SW 28TH ST. #40B
City-St-Zip: OKEECHOBEE, FL 34974 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: CLAYTON MCGOWEN

MGRM

04/29/2012

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