

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000072618

**Entity Name:** ELDER ASSISTANCE, LLC

**FILED**  
**Sep 29, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

5620 MISSOURI AVE  
NEW PORT RICKEY, FL 34652

**New Principal Place of Business:**

5623 US HWY 19  
SUITE 201  
NEW PORT RICKEY, FL 34652

**Current Mailing Address:**

5620 MISSOURI AVE  
NEW PORT RICKEY, FL 34652

**New Mailing Address:**

5623 US HWY 19  
SUITE 201  
NEW PORT RICKEY, FL 34652

**FEI Number:** 27-2867261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MENGLE, KATHLEEN  
12201 HOLBROOK DR UNIT 13  
HUDSON, FL 34667 US

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

MENGLE, KATHLEEN  
12407 PARTRIDGE HILL ROW  
HUDSON, FL 34667 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: KATHLEEN MENGLE

09/29/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: MENGLE, KATHLEEN  
Address: 12407 PARTRIDGE HILL ROW  
City-St-Zip: HUDSON, FL 34667

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: KATHLEEN MENGLE

OWNE

09/29/2014

Electronic Signature of Authorized Person

Date