

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000075400

**FILED**  
**Sep 30, 2013**  
**Secretary of State**

**Entity Name:** HOSPITALITY HOME ADULT FAMILY HOME CARE LLC

**Current Principal Place of Business:**

2219 PANTUCKET DR  
PH  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

2219 PANTUCKET DR  
PH  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

**FEI Number:** 22-3981238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRENS, MIGUELINA  
2219 PANTUCKET DR  
PH  
WESLEY CHAPEL, FL 33543 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:** MIGUELINA BRENS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BRENS, MIGUELINA  
**Address:** 2219 PANTUCKET DR  
**City-St-Zip:** WESLEY CHAPEL, FL 33543

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:** MIGUELINA BRENS

MGR

09/30/2013

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