

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000079298

**Entity Name:** SHERRYS CAREGIVERS LLC

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

4322 LEGEND PLACE  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 27937  
PANAMA CITY, FL 32411

**New Mailing Address:**

**FEI Number:** 27-3167567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IMPACT TAX AND ACCOUNTING INC  
8406 PANAMA CITY BEACH PKWY  
STE G  
PANAMA CITY BEACH, FL 32407 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:** MARLENE MURRAH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SIMMONS, SHERRY A  
**Address:** 4322 LEGEND PLACE  
**City-St-Zip:** PANAMA CITY BEACH, FL 32408

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:** SHERRY SIMMONS

PRES

10/08/2013

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