


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L10000105718			
1. Limited Liability Company's Name LOUING CARE LIVING LLC			
2. Principal Office Address - No P.O. Box # 1205 NW 9 AVE		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GAINESVILLE FL		City & State	
Zip 32601	Country USA	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 03/10/2010	
6. FEI Number 27-3597089	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name FABIO CAMPANARO			
Street Address (P.O. Box Number is Not Acceptable) 1205 NW 9 AVE			
Suite, Apt. #, Etc. GAINESVILLE FL			
City GAINESVILLE	State FL	Zip Code 32601	

E-mail Address: 4999803 @ gmail.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent	Date 11/12/13
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	FABIO CAMPANARO	1205 NW 9 AVE	GAINESVILLE FL 32601

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
Signature of Managing Member/Manager	Date 11/12/13
	Daytime Phone # 619-851 5681

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C. CARROTHERS

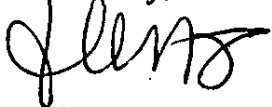
**NOTICE OF VOLUNTARY DISSOLUTION OF LIMITED LIABILITY
COMPANY AND SIMULTANEOUS REQUEST TO REINSTATE PRIOR
LIMITED LIABILITY COMPANY WITH THE SAME NAME.**

I, Fabio Campanaro hereby voluntarily dissolve Loving Care Living L.L.C. with document number L1300141632, created on October 3, 2013. I further state that I will never revoke this dissolution.

I simultaneously request the expeditious reinstatement of Loving Care Living LLC, with document number L10000105718, created Oct 10, 2010 with an effective date of 1/2011. I have enclosed the reinstatement fee plus the per year fees totaling \$337.50.

Thank you for your immediate attention to this matter. I can be reached at 619-851-5681 should you need to speak to me.

Sincerely,



Fabio Campanaro (Tel 619-851-5681)

Sole Member of both Loving Care Living L.L.C. and Loving Care Living LLC