

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000110866

Entity Name: MAYS CARE LLC

**FILED**  
**May 21, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

1611 NW 50TH STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 510037  
MIAMI, FL 33151

**New Mailing Address:**

PO BOX 470841  
MIAMI, FL 33147

FEI Number: 27-3748442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MAYS, MORRIS J  
1611 NW 50TH STREET  
MIAMI, FL 33142 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: MORRIS J MAYS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MAYS, MORRIS J  
Address: 1611 NW 50TH STREET  
City-St-Zip: MIAMI, FL 33142

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: MORRIS J MAYS

MGR

05/21/2013

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