

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000112390

**Entity Name:** GEDEON CARING TOUCH, LLC

**FILED**  
**Oct 09, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

1350 WEST COLONIAL DR  
SUITE B  
ORLANDO, FL 32804 OC

**New Principal Place of Business:**

1310 WEST COLONIAL DR  
SUITE 20  
ORLANDO, FL 32804 OC

**Current Mailing Address:**

1350 WEST COLONIAL DR  
SUITE B  
ORLANDO, FL 32804 OC

**New Mailing Address:**

17830 GOLDEN LEAF LANE  
ORLANDO, FL 32820 OC

**FEI Number:** 27-2684672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GEDEON, NICOLE  
17830 GOLDEN LEAF LANE  
ORLANDO, FL 32820 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: NICOLE GEDEON

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: NICOLE, GEDEON  
Address: 17830 GOLDEN LEAF LANE  
City-St-Zip: ORLANDO, FL 32820 OC

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: NICOLE GEDEON

MGR

10/09/2014

Electronic Signature of Authorized Person

Date