

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000043558

**FILED**  
**Dec 09, 2012**  
**Secretary of State**

**Entity Name:** NECESSITIES CARING CENTRE, LLC

**Current Principal Place of Business:**

3029 COPPOLA WAY  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

2405 SOUTH HARBOR CITY BLVD  
MELBOURNE, FL 32901 US

**Current Mailing Address:**

3029 COPPOLA WAY  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

2405 SOUTH HARBOR CITY BLVD  
MELBOURNE, FL 32901 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ZAVALETA, ISIDRO J  
3029 COPPOLA WAY  
ROCKLEDGE, FL 32955 US

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

CAIN, JULIE A  
2405 SOUTH HARBOR CITY BLVD  
MELBOURNE, FL 32901 US

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: JULIE A CAIN

12/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAIN, JULIE  
Address: 2405 SOUTH HARBOR CITY BLVD.  
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGR  
Name: LEACH, CHEYENNE G  
Address: 4066 WILKES  
City-St-Zip: MELBOURNE, FL 32091 US

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: JULIE A CAIN

MGRM

12/09/2012

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