

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000069729

**FILED**  
**Feb 12, 2013**  
**Secretary of State**

**Entity Name:** MEDEROS FAMILY CARE L.L.C.

**Current Principal Place of Business:**

3031 SW 84 CT  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

3031 SW 84 CT  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MEDEROS, MARIA T  
3031 SW 84 CT  
MIAMI, FL 33155 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: MARIA T MEDEROS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MEDEROS, MARIA T  
Address: 3031 SW 84 CT  
City-St-Zip: MIAMI, FL 33155 US

Title: MGR  
Name: PEREZ-MEDEROS, PEDRO H  
Address: 3031 SW 84 CT  
City-St-Zip: MIAMI, FL 33155 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: MARIA T MEDEROS

MGR

02/12/2013

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