

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000080823

**FILED**  
**Aug 29, 2014**  
**Secretary of State**

**Entity Name:** MY FAMILY ADULT DAY CARE LLC

**Current Principal Place of Business:**

10029 SW 72 ST  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

13424 SW 62 ST  
P-112  
MIAMI, FL 33183

**New Mailing Address:**

10029 SW 72 ST  
MIAMI, FL 33173

**FEI Number:** 45-2762908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, ELIO C  
13424 SW 62 ST  
P-112  
MIAMI, FL 33183 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: ELIO C. PEREZ

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: PEREZ, FERNANDO C  
Address: 9136 SW 148 CT  
City-St-Zip: MIAMI, FL 33196

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: ELIO C. PEREZ

MGR

08/29/2014

Electronic Signature of Authorized Person

Date