

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000093195

**Entity Name:** HYLAN HOME CARE AGENCY LLC

**FILED**  
**Oct 03, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

6412 N UNIVERSITY DR  
SUITE #117  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

6412 N UNIVERSITY DR  
SUITE #117  
TAMARAC, FL 33321 US

**New Mailing Address:**

**FEI Number:** 45-4087683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

PIERRE, ANDRE A  
2170 NW 99 TERRACE  
PEMBROKE PINES, FL 33024 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: ANDRE PIERRE

10/03/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MNGR  
Name: PIERRE, ANDRE A  
Address: 2170 NW 99 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33024

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: ANDRE PIERRE

MNGR

10/03/2014

Electronic Signature of Authorized Person

Date