

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000059054

Entity Name: APPLIANCE CARE LLC

FILED
Jan 23, 2014
Secretary of State

Current Principal Place of Business:

2286 SE AVALON RD.
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

551 NW WAVERLY CIRCLE
PORT SAINT LUCIE, FL 34983 US

Current Mailing Address:

2286 SE AVALON RD.
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

551 NW WAVERLY CIRCLE
PORT SAINT LUCIE, FL 34983 US

FEI Number: 45-5306925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

JASON, HERRICK
551 NW WAVERLY CIRCLE
PORT ST LUCIE, FL 34983 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: JASON HERRICK

01/23/2014

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM
Name: HERRICK, JASON
Address: 551 NW WAVERLY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: MGRM
Name: HERRICK, DUSTIN
Address: 175 SE BONITA COURT
City-St-Zip: PORT SAINT LUCIE, FL 34983 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JASON HERRICK

MGRM

01/23/2014

Electronic Signature of Authorized Person

Date