

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000111606

**FILED**  
**Oct 14, 2013**  
**Secretary of State**

**Entity Name:** CLEAR CARE SOLUTIONS LLC

**Current Principal Place of Business:**

11519 TORI LANE  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

11519 TORI LANE  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 46-0904361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** COLLIN MCGRUFF

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MCGRUFF, COLLIN  
**Address:** 11519 TORI LANE  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** MGR  
**Name:** MCGRUFF, CAMERON  
**Address:** 11519 TORI LANE  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** MGR  
**Name:** MCGRUFF, CHADRICK  
**Address:** 11519 TORI LANE  
**City-St-Zip:** JACKSONVILLE, FL 32218

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:** COLLIN MCGRUFF

MR

10/14/2013

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