

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000129462

**FILED**  
**Oct 09, 2013**  
**Secretary of State**

**Entity Name:** HOME CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

19284 PINE GLEN DRIVE  
FT. MYERS, FL 33967 US

**New Principal Place of Business:**

**Current Mailing Address:**

19284 PINE GLEN DRIVE  
FT. MYERS, FL 33967 US

**New Mailing Address:**

**FEI Number:** 46-1178443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALVIN, GINA  
19284 PINE GLEN DRIVE  
FT. MYERS, FL 33967 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: GINA L. GALVIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GALVIN, GINA  
Address: 19284 PINE GLEN DRIVE  
City-St-Zip: FT. MYERS, FL 33967 US

Title: MGRM  
Name: GALVIN, MARTIN  
Address: 19284 PINE GLEN DRIVE  
City-St-Zip: FT. MYERS, FL 33967 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: GINA L. GALVIN

MGRM

10/09/2013

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