

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000073826

**FILED**  
**Sep 30, 2014**  
**Secretary of State**

**Entity Name:** PRIVATE CARE NURSING, LLC

**Current Principal Place of Business:**

16060 SW 86 AVE  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

16060 SW 86 AVE  
PALMETTO BAY, FL 33157

**New Mailing Address:**

**FEI Number:** 47-1961070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LETHBRIDGE, ROSEMARIE P  
16060 SW 86 AVE  
PALMETTO BAY, FL 33157 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:** ROSEMARIE P LETHBRIDGE

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** LETHBRIDGE, ROSEMARIE P  
**Address:** 16060 SW 86 AVE  
**City-St-Zip:** PALMETTO BAY, FL 33157

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:** ROSEMARIE P LETHBRIDGE

MGRM

09/30/2014

Electronic Signature of Authorized Person

Date