

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000074546

FILED
Oct 21, 2014
Secretary of State

Entity Name: A TOUCH OF CLASS #1 ADULT CARE LLC

Current Principal Place of Business:

658 NW AVENS ST
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

658 NW AVENS ST
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 46-2822726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, CHRISTINE D
658 NW AVENS ST
PORT ST LUCIE, FL 34983 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: CHRISTINE D DAVIS

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: P
Name: DAVIS, CHRISTINE D
Address: 658 NW AVENS ST
City-St-Zip: PORT ST LUCIE, FL 34983

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: CHRISTINE D DAVIS

P

10/21/2014

Electronic Signature of Authorized Person

Date