

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2022 SEP 29 11:12:18

DOCUMENT # L20000093042

1 Limited Liability Company's Name

Sharicka Randolph Health Care LLC

300395272443
09/29/22--01003--003 **263.75

2 Principal Office Address - No P.O. Box #

9693 Butterfly Trl.

Suite Apt # etc

3 Mailing Office Address

9693 Butterfly Trl.

Suite Apt # etc

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

Country

32305

Zip

Country

32305

CR2EC41 (1/14)

4 State/Country of Formation

5 Date Organized or Qualified
To Do Business in Florida

6 FEI Number

85-0620989

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8 Name and Address of Current Registered Agent

Name

Sharicka Anderson

Street Address (P.O. Box Number is Not Acceptable) Suite

9693 Butterfly Trl.

Apt # Etc

City

Tallahassee

State

FL

Zip Code

32305

9 I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Sharicka Anderson

REGISTERED AGENT MUST SIGN

Date SEP 29, 2022

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGK	<u>Sharicka Anderson</u>	<u>9693 Butterfly Trl.</u>	<u>Tallahassee FL 32305</u>

REINSTATEMENT

2022

of 9/29/2022

11 E-mail Address

Sharicka2001@gmail.com

(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Sharicka Anderson

Date

SEP 29, 2022

Daytime Phone #

850-274-2257

Typed or printed name of signing authorized representative/member

Sharicka Anderson