


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

CR2E041 (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 State Zip Code  
Tallahassee FL 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 Date Sep 29, 2022  
 REGISTERED AGENT MUST SIGN

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
MGR	Sharicka Anderson	9693 Butterfly Trl	Tallahassee FL 32305
<b>REINSTATEMENT</b>			
		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