

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M11000006336

**FILED**  
**Oct 29, 2012**  
**Secretary of State**

**Entity Name:** CLOROX HEALTHCARE HOLDINGS, LLC

**Current Principal Place of Business:**

1221 BROADWAY  
OAKLAND, CA 94612

**New Principal Place of Business:**

**Current Mailing Address:**

1221 BROADWAY  
OAKLAND, CA 94612

**New Mailing Address:**

**FEI Number:** 45-3941043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** BONNIE A. SCHUMAN, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** THE CLOROX COMPANY  
**Address:** 1221 BROADWAY  
**City-St-Zip:** OAKLAND, CA 94612

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:** THE CLOROX COMPANY

MGRM

10/29/2012

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