

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000016838

**FILED**  
**Dec 14, 2014**  
**Secretary of State**

**Entity Name:** ORLANDO SENIOR ASSISTANT CARE, LLC

**Current Principal Place of Business:**

117 LEONARD CT.  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 616777  
ORLANDO, FL 32861

**New Mailing Address:**

**FEI Number:** 20-4317458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHARLOTTE TURNER  
117 LEONARD CT  
ORLANDO, FL 32811 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: CHARLOTTE TURNER

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: TURNER, CHARLOTTE H  
Address: 117 LEONARD CT  
City-St-Zip: ORLANDO, FL 32811

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: CHARLOTTE TURNER

MGRM

12/14/2014

Electronic Signature of Authorized Person

Date