

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000016838

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

**Current Principal Place of Business:**

117 LEONARD CT.  
ORLANDO, FL 32811

**Current Mailing Address:**

PO BOX 616777  
ORLANDO, FL 32861

**FEI Number:** 20-4317458

**Certificate of Status Desired:** Yes

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

TURNER, CHARLOTTE ELISA  
117 LEONARD CT  
ORLANDO, FL 32811 US

*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

04/25/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLOTTE TURNER

MEMBER

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date