

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000127699

Entity Name: OPEN ARMS HOME CARE (CY) LLC

Current Principal Place of Business:

6775 NW 6TH AVE
OCALA, FL 34475

Current Mailing Address:

6775 NW 6TH AVE
OCALA, 34475 UN

FEI Number: 81-2164478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORTER, CHERYL
6775 NW 6TH AVE
OCALA, FL 34475 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: CHERYL PORTER

11/22/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CHERYL, PORTER
Address 6775 NW 6TH AVE
City-State-Zip: OCALA FL 34475

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: CHERYL PORTER

OWNER

11/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date