

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000100463

Entity Name: ABSOLUTE HOME HEALTH TRAINING CENTER, LLC

Current Principal Place of Business:

5463 N STATE ROAD 7
TAMARAC, FL 33319

Current Mailing Address:

5463 N STATE ROAD 7
TAMARAC, FL 33319 US

FEI Number: 81-2804909

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RELIFORD, ATISHA
5463 N STATE ROAD 7
TAMARAC, FL 33319 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: ATISHA RELIFORD

10/02/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name RELIFORD, ATISHA
Address 5463 N STATE ROAD
City-State-Zip: TAMARAC FL 33319

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: ATISHA RELIFORD

OWNER

10/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date