

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000122444

**Entity Name:** BONITA'S CARE LLC

**Current Principal Place of Business:**

1228 NE 117 ST  
MIAMI, FL 33161

**Current Mailing Address:**

1228 NE 117 ST  
MIAMI, FL 33161 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LOPEZ, BONITA  
1228 NE 117 ST  
MIAMI, FL 33161 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:** BONITA ESTRELLA LOPEZ

04/05/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LOPEZ, BONITA ESTRELLA  
Address 1228 NE 117 ST  
City-State-Zip: MIAMI FL 33161

*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:** BONITA LOPEZ

OWNER

04/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date