2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 04, 2020
Secretary of State
5392409517CR

DOCUMENT# L19000040746

Entity Name: COMPLETE HOME CARE OF NORTH FL LLC

Current Principal Place of Business:

33 SMITH CIR., #25
GRETNA, FL 32332

Current Mailing Address:

P.O. BOX 1077
GRETNA, FL 32332 US

FEI Number: 83-4422715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANTACRUZ, CARLOS
33 SMITH CIR., #25
GRETNA, FL 32332 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: CARLOS SANTACRUZ 12/04/2020

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	GRANADOS, ADIEL	Name	SANTACRUZ, CARLOS
Address	1078 DEWEY JOHNSON WAY	Address	33 SMITH CIR., #25
City-State-Zip:	GRETNA FL 32332	City-State-Zip:	GRETNA FL 32332

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: CARLOS SANTACRUZ OWNER 12/04/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date