## 2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000187037

Entity Name: SBHS ELDERCARE SERVICES, LLC

**Current Principal Place of Business:** 

100 NE 15TH STREET, SUITE 103B HOMESTEAD. FL 33030

**Current Mailing Address:** 

100 NE 15TH STREET, SUITE 103B HOMESTEAD, FL 33030

FEI Number: 85-1904735 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WHIPPLE, T 100 NE 15TH STREET SUITE 103B HOMESTEAD, FL 33030 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: TOCOVIA WHIPPLE 10/07/2021

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title P

Name WHIPPLE, TOCOVIA

Address 100 NE 15TH STREET, SUITE 103B

City-State-Zip: HOMESTEAD FL 33030

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: TOCOVIA WHIPPLE

OWNER 10/07/2021

FILED Oct 07, 2021

**Secretary of State** 

3753161536CR

Date