

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000051436

**FILED**  
**Nov 07, 2012**  
**Secretary of State**

**Entity Name:** INDEPENDENCE VILLAGE LLC

**Current Principal Place of Business:**

525 NORTH MARTIN LUTHER KING BLVD.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

525 N MLK JR BLVD  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

525 NORTH MARTIN LUTHER KING BLVD.  
TALLAHASSEE, FL 32301

**New Mailing Address:**

525 N MLK JR BLVD  
TALLAHASSEE, FL 32301

**FEI Number:** 26-3768393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WATKINS, MIKE  
525 NORTH MARTIN LUTHER KING BLVD  
TALLAHASSEE, FL 32301 US

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

WATKINS, MIKE  
525 N MLK JR BLVD  
TALLAHASSEE, FL 32301 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: MIKE WATKINS

11/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BIG BEND COMMUNITY BASED CARE, INC.  
**Address:** 525 N MLK JR BLVD  
**City-St-Zip:** TALLAHASSEE, FL 32301 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MIKE WATKINS

CEO

11/07/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date