

L22000104539

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
LULU'S SOFT TOUCH ASSISTED LIVING LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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Help

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

TANECKA JAMES

1110 4TH STREET

DAYTONA BEACH, FL 32117

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Tanecka James

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

TANECKA JAMES

Typed or printed name of signee

SECRETARY OF STATE
ALAHASSETT, FLORIDA

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