

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000046939

**Entity Name:** JUST LIKE FAMILY ASSISTED LIVING FACILITY, L.L.C.

**Current Principal Place of Business:**

1144 SATURN ST SE  
PALM BAY, FL 32909

**Current Mailing Address:**

979 CROTON ROAD  
MELBOURNE, FL 32935 US

**FEI Number:** 46-5279623

**Certificate of Status Desired:** Yes

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

WESTON, SOHANNE  
1144 SATURN ST SE  
PALM BAY, FL 32909 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:** SOHANNE WESTON

06/04/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PRESIDENT

Name SOHANNE, WESTON

Address 979 CROTON ROAD

City-State-Zip: MELBOURNE FL 32935

Title MANAGING DIRECTOR

Name WESTON, SOHANNE

Address 979 CROTON ROAD

City-State-Zip: MELBOURNE FL 32935

*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:** SOHANNE WESTON

OWNER

06/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date