

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000003345

**FILED**  
**Sep 30, 2011**  
**Secretary of State**

**Entity Name:** BROWN'S ADULT FAMILY CARE HOME, LLC

**Current Principal Place of Business:**

5946 PAINTED PONY DR.  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

5946 PAINTED PONY DR.  
JACKSONVILLE, FL 32244

**New Mailing Address:**

5946 PAINTED PONY DR.  
JACKSONVILLE, FL 32244 US

**FEI Number:** 56-2319693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, CARON  
5946 PAINTED PONY DR.  
JACKSONVILLE, FL 32244 US

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

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: CARON BROWN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BROWN, CARON  
Address: 5946 PAINTED PONY DR  
City-St-Zip: JACKSONVILLE, FL 32244

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: CARON BROWN

MGRM

09/30/2011

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