

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 23 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000053548

1. Limited Liability Company's Name

Marianna Family Care Center, LLC
2928 Daniels Street
Marianna, FL 32446

2. Principal Office Address - No P.O. Box #

2928 Daniels St.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Marianna, FL

City & State

Zip

32446

Country

USA

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

12/16/03

6. FEI Number

20-0645794

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Clay Rooks

Street Address (P.O. Box Number is Not Acceptable)

2438 Fillmore Drive

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32448

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Clay Rooks

Date

3/31/08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MG RM	Rodriguez-Jimenez, Horacio J.	3343 Old US Road	Marianna, FL 32446
			500122058735 04/03/08--01040--002 **277.50
			500122058735 04/16/08--01041--005 **138.75
	REINSTATEMENT		
	2006-2008		
		REINSTATEMENT	2006-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date

3/31/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager