

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000036869

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** FAMILY RECOVERY SERVICES LLC

**Current Principal Place of Business:**

20804 SW 95 AVE  
ARCHER, FL 326168

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 916  
ARCHER, FL 326168

**New Mailing Address:**

**FEI Number:** 74-3160010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, ARTHUR W JR  
120 SW 250TH ST  
NEWBERRY, FL 32669 US

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

MASSAGEE, KIM  
20804 SW 95TH AVE  
ARCHER, FL 32618 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: KIM MASSAGEE

04/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR  
Name: MASAGEE, TOM  
Address: 20804 SW 95 AVENUE  
City-St-Zip: ARCHER, FL 32618

Title: MGR  
Name: TOM, MASSAGEE  
Address: 20804 SW 95 AVENUE  
City-St-Zip: ARCHER, FL 32618

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: TO M MASSAGEE

M

04/29/2012

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