

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -7 AM 8:13

DOCUMENT # L05000040963

1. Entity Name
COUNTRY COTTAGE ASSISTED LIVING LLC



Principal Place of Business
25 EMERALD LANE
PALM COAST, F 32164

Mailing Address
25 EMERALD LANE
PALM COAST, F 32164

2. Principal Place of Business

3. Mailing Address

P.O. Box 352921

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10112006 REIN-LLC CR2E101 (11/05)

City & State

City & State

Palm Coast FL

4. FEI Number

20-2736372

Applied For

Not Applicable

Zip

Country

Zip

Country

32135-2921

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKS, BRENDA F
25 EMERALD LANE
PALM COAST, FL 32164

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brenda F. Franks

Brenda F. Franks

12/5/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME FRANKS, BRENDA F
STREET ADDRESS 25 EMERALD LANE
CITY-ST-ZIP PALM COAST, FL 32164 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 200082369352
STREET ADDRESS 12/07/06--01052--005
CITY-ST-ZIP **50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Brenda F. Franks

12/5/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #