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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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GUARDIAN HOME

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000052763			
1. Entity Name GUARDIAN HOME ALF LLC			
Principal Place of Business 431 E AIRPORT BLVD SANFORD, FL 32774		Mailing Address 431 E AIRPORT BLVD SANFORD, FL 32774	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. n, etc.		Suite, Apt. n, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FRI Number		Applied For Not Applicable	
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	
DACANAY, REDANTE G 16355 MAGNOLIA BLUFF DR MONTVERDE, FL 34756		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 ☒ Signature, typed or printed name of (registered agent and title if applicable) (NOTE: Registered Agent signature requires stamp) DATE			
FILE MONTHLY FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Please check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR GATUS, WERNER Y 431 E. AIRPORT BLVD SANFORD, FL 32774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 100080957791 10/10/06 01034-020 \$150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR GATUS, MARIA L 431 E. AIRPORT BLVD SANFORD, FL 32774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 2006	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR FERNANDO, GLADYS Z 431 E. AIRPORT BLVD SANFORD, FL 32774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR FERNANDO, FERNANDO M 431 E. AIRPORT BLVD SANFORD, FL 32774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: REDANTE DACANAY		10/10/06 4077584501	