

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000046756

**FILED**  
**Dec 25, 2007**  
**Secretary of State**

**Entity Name:** SUPERIOR ELDER CARE SERVICES, LLC

**Current Principal Place of Business:**

1503 PINE STREET  
MELBOURNE, FL 32901

**New Principal Place of Business:**

170 MELBOURNE AVE  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

1503 PINE STREET  
MELBOURNE, FL 32901

**New Mailing Address:**

P.O. BOX 541638  
MERRITT ISLAND, FL 32954

**FEI Number:** 20-4875040

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GANNON, DAVID  
1503 PINE STREET  
MELBOURNE, FL 32901 US

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

GANNON, DAVID  
170 MELBOURNE AVE  
MERRITT ISLAND, FL 32953 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: DAVID GANNON

12/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GANNON, DAVID  
Address: 1503 PINE STREET  
City-St-Zip: MELBOURNE, FL 32901

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GANNON, DAVID  
Address: 170 MELBOURNE AVE.  
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID GANNON

MR.

12/25/2007

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