

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000073113

**FILED**  
**Jan 02, 2008**  
**Secretary of State**

**Entity Name:** A FULL LIFE SUPPORT COORDINATION AGENCY, LLC

**Current Principal Place of Business:**

33083 SMALLMAN STREET  
RIDGE MANOR, FL 33597

**New Principal Place of Business:**

**Current Mailing Address:**

33083 SMALLMAN STREET  
RIDGE MANOR, FL 33597

**New Mailing Address:**

FEI Number: 56-2553769      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CARLSON, ROBERT J  
33083 SMALLMAN STREET  
RIDGE MANOR, FL 33597      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: ROBERT CARLSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CARLSON, ROBERT J  
Address: 33083 SMALLMAN STREET  
City-St-Zip: RIDGE MANOR, FL 33597

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT CARLSON

OWNE

01/02/2008

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