

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT# L06000073113

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:

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

Name and Address of New Registered Agent:

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

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