

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000078863

FILED  
Feb 14, 2008  
Secretary of State

Entity Name: FOREST GLEN OF VOLUSIA, LLC

**Current Principal Place of Business:**

141 FOREST QUEST  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

141 FOREST QUEST  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

THOMAS, TIMOTHY  
141 FOREST QUEST  
ORMOND BEACH, FL 32174 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: TIMOTHY A. THOMAS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: THOMAS, TIMOTHY  
Address: 141 FOREST QUEST  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM ( ) Delete  
Name: WEIGAND, CHRISTOPHER  
Address: 248 TAVESTOCK LOOP  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM ( ) Delete  
Name: GILBERT, ROBERT  
Address: 1105 ARBOR GLEN CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM ( ) Delete  
Name: ARNOLD, ALLEN  
Address: 772 ANDOVER CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM ( ) Delete  
Name: BLANKENSHIP, DAVID  
Address: 1540 CORDOVA AVENUE  
City-St-Zip: HOLLY HILL, FL 32117 US

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

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

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

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: TIMOTHY A. THOMAS

MGR

02/14/2008

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