

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000063167

Entity Name: KAIZEN RECOVERY CENTER LLC

FILED  
Nov 02, 2009  
Secretary of State

## Current Principal Place of Business:

12401 ORANGE DR  
216  
DAVIE, FL 33330

## New Principal Place of Business:

4991 SW 161ST AVE  
MIRAMAR, FL 33027

## Current Mailing Address:

4991 SW 161 AVE  
MIRAMAR, FL 33027

## New Mailing Address:

FEI Number: 26-0800869      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

GLEMAUD, WANDA B  
12401 ORANGE DR  
216  
DAVIE, FL 33330 US

## Name and Address of New Registered Agent:

GLEMAUD, WANDA B  
4991 SW 161ST AVE  
MIRAMAR, FL 33027 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: WANDA B GLEMAUD

11/02/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GLEMAUD, WANDA B  
Address: 4991 SW 161 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: MGR ( ) Delete  
Name: GLEMAUD, MURIEL B  
Address: 4991 SW 161 AVE  
City-St-Zip: MIRAMAR, FL 33027

## ADDITIONS/CHANGES:

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: WANDA B GLEMAUD

MGR

11/02/2009

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