

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000068166

**FILED  
Feb 17, 2009  
Secretary of State**

**Entity Name:** AGING-IN-PLACE SPECIALISTS, LLC

**Current Principal Place of Business:**

127 E CHARLOTTE AVE  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**  
PO BOX 512103  
PUNTA GORDA, FL 33951

**New Mailing Address:**

FEI Number: 42-1733507      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:**      **Name and Address of New Registered Agent:**

SCHULTHEIS, STEPHANIE T  
127 E CHARLOTTE AVE  
PUNTA GORDA, FL 33950 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: STEPHANIE SCHULTHEIS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCHULTHEIS, STEPHANIE T  
Address: 127 E CHARLOTTE AVE  
City-St-Zip: PUNTA GORDA, FL 33950

**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: STEPHANIE SCHULTHEIS

P

02/17/2009

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