

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000094099

**FILED**  
**Oct 06, 2010**  
**Secretary of State**

**Entity Name:** JACOB'S LADDER FAMILY ASSISTED LIVING L.L.C.

**Current Principal Place of Business:**

946 BRUNSWICK LANE  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

946 BRUNSWICK LANE  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

**FEI Number:** 51-0646407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DECLERCQ, KAROLENA M  
812 FAULL LANE  
ROCKLEDGE, FL 32955 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:** KAROLENA DECLERCQ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** ADM  
**Name:** DECLERCQ, KAROLENA M  
**Address:** 812 FAULL LANE  
**City-St-Zip:** ROCKLEDGE, FL 32955 US

**Title:** MGR  
**Name:** HODKINSON, SUE  
**Address:** P.O. BOX 237182  
**City-St-Zip:** COCOA, FL 32923 US

I hereby 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:** SUE HODKINSON

MGR

10/06/2010

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