

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000102102

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** A.C.S.C. OF S.W. FLORIDA, LLC.

**Current Principal Place of Business:**

1963 PENNSYLVANIA AVENUE  
ENGLEWOOD, FL 34224 US

**New Principal Place of Business:**

**Current Mailing Address:**

1963 PENNSYLVANIA AVENUE  
ENGLEWOOD, FL 34224 US

**New Mailing Address:**

**FEI Number:** 26-1592587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAY, JOANNE L  
1963 PENNSYLVANIA AVENUE  
ENGLEWOOD, FL 34224 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:** JOANNE L. BRAY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BRAY, JOANNE L  
**Address:** 1963 PENNSYLVANIA AVENUE  
**City-St-Zip:** ENGLEWOOD, FL 34224 US

**Title:** MGRM  
**Name:** BRAY, DAVID N  
**Address:** 1963 PENNSYLVANIA AVENUE  
**City-St-Zip:** ENGLEWOOD, FL 34224 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:** JOANNE L. BRAY

MGRM

02/21/2012

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