

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 FEB 28 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0800006767

1. Limited Liability Company's Name

Senior Living Options, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

1859 Sandhill Crane

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 7112

Suite, Apt. #, etc.

City & State

Fort Pierce

City & State

Port St. Lucie

Zip

34982

Country

US

Zip

34985

Country

US

4. State/Country of Formation

St. Lucie County

5. Date Organized or Qualified
To Do Business in Florida
Jan. 22, 2008

6. FEI Number

261815938

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

filings Inc.

Street Address (P.O. Box Number is Not Acceptable)

3732 16 st.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33311

800256474158
02/06/14--01035--005 **382.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Lauretta Findlay (Filing Inc.)
REGISTERED AGENT MUST SIGN

Date 2-3-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Lauretta Findlay	1859 Sandhill Crane	Fort Pierce, fl 34982
	REINSTATEMENT	FEB 28 2014	
		R. HUNT	

11. E-mail Address: info@flsenioroptions.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Lauretta Findlay

Date Jan. 3, 2014

Daytime Phone # 772-801-8213

Typed or printed name of signing Authorized Representative/Manager Lauretta Findlay