2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 28, 2009
Secretary of State

DOCUMENT# L08000072258

Entity Name: ABUNDANT LIVING ADULT CARE FACILITY, LLC

Current Principal Place of Business:

4201 E. SUNUP COURT
INVERNESS, FL 34452

New Principal Place of Business:

4201 E. SUNUP COURT
INVERNESS, FL 34453

Current Mailing Address:

4201 E. SUNUP COURT
INVERNESS, FL 34452

New Mailing Address:

4201 E. SUNUP COURT
INVERNESS, FL 34453

FEI Number: 26-3054984 **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:

BLACKMON, HELENE A
412 S. PARK AVE.
INVERNESS, FL 34452 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: HELENE A BLACKMON
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BLACKMON, HELENE A
Address: 412 S. PARK AVE.
City-St-Zip: INVERNESS, FL 34452

Title: MGRM ( ) Delete
Name: THOMPSON, JAMES E
Address: 2120 S.E. 172ND AVE.
City-St-Zip: SILVER SPRINGS, FL 34488

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: HELENE A BLACKMON MGRM 09/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date