

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000082542

**FILED**  
**Sep 14, 2010**  
**Secretary of State**

**Entity Name:** MERINO ADULT FAMILY CARE HOME, LLC

**Current Principal Place of Business:**

1510 DINGENS AVENUE  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

**Current Mailing Address:**

1510 DINGENS AVENUE  
WINDERMERE, FL 34786 US

**New Mailing Address:**

**FEI Number:** 26-3356631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MERINO, DAYSI  
1510 DINGENS AVENUE  
WINDERMERE, FL 34786 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:** DAYSI MERINO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MERINO, DAYSI  
**Address:** 1510 DINGENS AVENUE  
**City-St-Zip:** WINDERMERE, FL 34786 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:** DAYSI MERINO

MGR

09/14/2010

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