

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000092685

FILED
Jul 05, 2012
Secretary of State

Entity Name: AGENCY FOR THE CARED ONES NURSING AND REHABILITATION FACILTY LLC

Current Principal Place of Business:

730 EAST MELROSE CIRCLE
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

881 WASHINGTON AVE
SUITE 1K
BROOKLYN, NY 11225

Current Mailing Address:

730 EAST MELROSE CIRCLE
FT. LAUDERDALE, FL 33312

New Mailing Address:

881 WASHINGTON AVE
SUITE 1K
BROOKLYN, NY 11225

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ASHTON, JODY
730 EAST MELROSE CIRCLE
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

THOMPSON, HUGH
730 EAST MELROSE CIRCLE
FT. LAUDERDALE, FL 33312 US

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: HUGH THOMPSON

07/05/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: THOMPSON, HUGH
Address: 730 EAST MELROSE CIRCLE
City-St-Zip: FT. LAUDERDALE, FL 33312

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: HUGH THOMPSON

MGRM

07/05/2012

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