

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000117962

**Entity Name:** LCT OF NORTH FLORIDA, LLC

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

**Current Principal Place of Business:**

6863 PROCTOR ROAD  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

6863 PROCTOR ROAD  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

THOMPSON, LEX C  
6863 PROCTOR ROAD  
TALLAHASSEE, FL 32309 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: LEX C. THOMPSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: THOMPSON, LEX C  
Address: 6863 PROCTOR ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

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: LEX C. THOMPSON

MGRM

12/21/2012

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