

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000000826

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** ALEA ASSISTED LIVING FACILITIES, LLC

**Current Principal Place of Business:**

10537 LEADER LN  
ORLANDO, FL 32825

**New Principal Place of Business:**

5304 NW 16TH STREET  
LAUDERHILL, FL 33313

**Current Mailing Address:**

10537 LEADER LN  
ORLANDO, FL 32825

**New Mailing Address:**

5304 NW 16TH STREET  
LAUDERHILL, FL 33313

**FEI Number:** 26-3977031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AHMUDALLY, ALIMOOD  
10537 LEADER LN  
ORLANDO, FL 32825 US

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

AHMUDALLY, ALIMOOD  
5304 NW 16TH STREET  
LAUDERHILL, FL 33313 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: ALIMOOD AHMUDALLY

02/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AHMUDALLY, ALIMOOD  
Address: 5304 NW 16TH STREET  
City-St-Zip: LAUDERHILL, FL 33313

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: ALIMOOD AHMUDALLY

MGRM

02/24/2011

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