

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000044021

**FILED**  
**Oct 17, 2011**  
**Secretary of State**

**Entity Name:** RIVKA'S ADULT DAY CARE, LLC

**Current Principal Place of Business:**

275 189TH TERRACE  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

275 189TH TERRACE  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 30-0558773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAINBERG, JEFFREY  
4000 HOLLYWOOD BLVD  
STE 350-N  
HOLLYWOOD, FL 33021 US

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

FEINBERG, JEFFREY  
4000 HOLLYWOOD BLVD  
STE 350-N  
HOLLYWOOD, FL 33021 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: JEFFREY FEINBERG

10/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COHEN, CHERYL  
Address: 275 189TH TERRACE  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: CHERYL COHEN

MGR

10/17/2011

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