

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000029844

**FILED**  
**Oct 12, 2012**  
**Secretary of State**

**Entity Name:** CARING HANDS MINISTRY ASSISTED LIVING FACILITY LLC

**Current Principal Place of Business:**

611 N. FLORIDA AVENUE  
WAUCHULA, FL 33873 US

**New Principal Place of Business:**

**Current Mailing Address:**

510 S.11TH AVENUE  
WAUCHULA, FL WAUCHULA US

**New Mailing Address:**

611 N. FLORIDA AVENUE  
WAUCHULA, FL 33873 US

**FEI Number:** 27-2868806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CAPRON, CLERVENIA  
1014 LOISIANNA STREET  
WAUCHULA, FL 33873 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:** CLERVENIA CAPRON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** EVERETT, DENISE  
**Address:** 510 S. 11TH AVENUE  
**City-St-Zip:** WAUCHULA, FL 33873

**Title:** MGR  
**Name:** NORMIUS FREDERICK, ANGELA  
**Address:** 1548 LINCOLN STREET  
**City-St-Zip:** WAUCHULA, FL 33873

**Title:** F O  
**Name:** WOODS, BENITA  
**Address:** 1755 KELLY DRIVE  
**City-St-Zip:** ARCADIA, FL 33426

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:** DENISE EVERETT

MGRM

10/12/2012

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