

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L10000075050

1. Entity Name  
FLORIDA ASSISTANT LIVING ORGANIZATION LLC



Principal Place of Business  
219 SE ABERNATHY WAY  
MADISON, FL 32340

Mailing Address  
219 SE ABERNATHY WAY  
MADISON, FL 32340

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PEACOCK, WILLIE  
219 SE ABERNATHY WAY  
MADISON, FL 32340

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/12  
DATE

FILE NOW!!! FEE IS \$377.50

**REINSTATEMENT**

2011-12 8BM

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
PEACOCK, WILLIE  
219 SE ABERNATHY WAY  
MADISON, FL 32340

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*[Signature]*

3/5/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

E-MAIL ADDRESS

FILED

12 MAR -5 PM 12:09

SECRETARY OF STATE  
7012238080907  
03/05/12--01004--020 \*\*377.50



03052012 REIN-LLC CR2E101 (12/11)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required