

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000078909

**FILED**  
**Sep 30, 2011**  
**Secretary of State**

**Entity Name:** SUNNILAND ASSISTED LIVING FACILITY, LLC

**Current Principal Place of Business:**

4234 SUNNILAND STREET  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

**Current Mailing Address:**

4234 SUNNILAND STREET  
SARASOTA, FL 34233 US

**New Mailing Address:**

**FEI Number:** 27-3173262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALMER, BRIAN  
2937 BEE RIDGE ROAD  
SUITE 2  
SARASOTA, FL 34239 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: BRIAN PALMER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: MOULTON, SUE W  
Address: 4234 SUNNILAND STREET  
City-St-Zip: SARASOTA, FL 34233 US

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: SUE MOULTON

CEO

09/30/2011

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