

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000121961

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

**Entity Name:** A SAFE HAVEN ASSISTED LIVING, LLC

**Current Principal Place of Business:**

9000 86TH AVENUE, NORTH  
SEMINOLE, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

1833 PEPPERELL DRIVE  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HUBA, MARK  
1833 PEPPERELL DRIVE  
NEW PORT RICHEY, FL 34655 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: MARK HUBA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HUBA, MARK  
Address: 1833 PEPPERELL DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

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: MARK HUBA

MGRM

10/01/2012

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