

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000126437

**FILED**  
**Oct 13, 2011**  
**Secretary of State**

**Entity Name:** BLESSED ASSISTED LIVING HOME LLC

**Current Principal Place of Business:**

1417 PALM LANE  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

1417 PALM LANE  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 27-4213206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A  
TAMPA, FL 33612 US

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

BULZ, MARIA  
1417 PALM LANE  
JACKSONVILLE, FL 32216 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: BULZ MARIA

10/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BULZ, MARIA  
Address: 1417 PALM LANE  
City-St-Zip: JACKSONVILLE, FL 32216 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: BULZ MARIA

MGRM

10/13/2011

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