

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 13, 2012
Secretary of State**

DOCUMENT# L11000044734

Entity Name: ELITE CARE FACILITIES, LLC

Current Principal Place of Business:

36826 WOLF CT
EUSTIS, FL 32736 US

New Principal Place of Business:

Current Mailing Address:

36826 WOLF CT
EUSTIS, FL 32736 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DENT, JOHN
36826 WOLF CT
EUSTIS, FL 32736 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: JOHN DENT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DENT, JOHN
Address: 36826 WOLF CT
City-St-Zip: EUSTIS, FL 32736 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: JOHN DENT

PRES

10/13/2012

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