

CANARY HOME

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352-688-1157

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L12000035732

1. Limited Liability Company's Name
Springhill Gardens Assisted Living, LLC

2. Principal Office Address - No P.O. Box # 3010 Greynolds Avenue		3. Mailing Office Address 3010 Greynolds Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Spring Hill, FL		City & State Spring Hill, FL	
Zip 34608	Country USA	Zip 34608	Country USA

CR2041 (1/14)

4. State/Country of Formation FL, USA	
5. Date Organized or Qualified To Do Business in Florida 3/13/12	
6. FEI Number 454850380	Applied For ☒ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$500 Additional Fee required (see back for details of status)	

8. Name and Address of Current Registered Agent	
Name Chris Ruffus	
Street Address (P.O. Box Number is Not Acceptable) Suite 2506 Commerce Ave	
Apt. #, Etc.	
City Spring Hill	State FL
	Zip Code 34609

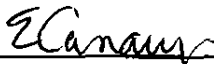
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.	
Signature of Registered Agent 	Date 11/11/15
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
ADM	Elsie Canary	5496 Airmont Dr.	Spring Hill, FL, 34608

**STATEMENT
REINSTATEMENT**

2015

11. E-mail Address springhillgardens@ymail.com	
(To be used for future annual report notifications)	
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.	
Signature of authorized representative/member 	Date 11/11/15 Daytime Phone # 352-346-6970
Typed or printed name of signing authorized representative/member Elsie Canary	