

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000157918

**FILED**  
**Nov 10, 2014**  
**Secretary of State**

**Entity Name:** GENTLE TOUCH ASSISTED LIVING FACILITY, LLC

**Current Principal Place of Business:**

4387 NW 42 TERRACE  
LAUDERDALE LAKES, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

4387 NW 42 TERRACE  
LAUDERDALE LAKES, FL 33319 US

**New Mailing Address:**

**FEI Number:** 46-2092992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, ALTHEA  
4387 NW 42 TERRACE  
LAUDERDALE LAKES, FL 33319 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: ALTHEA SMITH

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: ALTHEA, SMITH  
Address: 4387 NW 42 TERRACE  
City-St-Zip: LAUDERDALE LAKES, FL 33319 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ALTHEA SMITH

MGRM

11/10/2014

Electronic Signature of Authorized Person

Date