

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000101686

**FILED**  
**Nov 07, 2014**  
**Secretary of State**

**Entity Name:** LIFECARE OF LAKE LAND LLC

**Current Principal Place of Business:**

5001 S FLORIDA AVE  
SUITE 202  
LAKE LAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

5001 S FLORIDA AVE  
SUITE 202  
LAKE LAND, FL 33813

**New Mailing Address:**

**FEI Number:** 46-3211907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ST. ROCK, DONNA M  
5001 S FLORIDA AVE  
SUITE 202  
LAKE LAND, FL 33813 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:** DONNA ST ROCK

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** ST ROCK, DONNA M  
**Address:** 5001 S FLORIDA AVE, SUITE 202  
**City-St-Zip:** LAKE LAND, FL 33813

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:** DONNA ST ROCK

OWNE

11/07/2014

Electronic Signature of Authorized Person

Date