

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000124369

**FILED**  
**Oct 15, 2014**  
**Secretary of State**

**Entity Name:** FIRST COAST COMMUNITY SUPPORT SERVICES, LLC

**Current Principal Place of Business:**

1010 E. ADAMS STREET, SUITE 120  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

1010 E. ADAMS STREET  
SUITE 120  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

1010 E. ADAMS STREET, SUITE 120  
JACKSONVILLE, FL 32202

**New Mailing Address:**

1010 E. ADAMS STREET  
SUITE 120  
JACKSONVILLE, FL 32202

**FEI Number:** 46-3579133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BIVENS, DENISE  
1010 E. ADAMS STREET, SUITE 120  
JACKSONVILLE, FL 32202 US

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

BIVENS, DENISE  
1010 E. ADAMS STREET  
SUITE 120  
JACKSONVILLE, FL 32202 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: DENISE BIVENS

10/15/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: PDTS  
Name: BIVENS, DENISE R  
Address: 6601 CLEVELAND ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

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: DENISE BIVENS

PDTS

10/15/2014

Electronic Signature of Authorized Person

Date