

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M01000001974

1. Entity Name  
SENIOR CARE GOLFVIEW, LLC



Principal Place of Business  
1621 GALLERIA BLVD.  
BRENTWOOD, TN 37027

Mailing Address  
1621 GALLERIA BLVD.  
BRENTWOOD, TN 37027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**  
06 OCT 13 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10052006 REIN-LLC CR2E101 (11/05)

4. FEI Number

62-1873944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent. NRAI Services, Inc.

SIGNATURE

*Charles Coyle*  
Signature, typed or printed name of registered agent and title if applicable.

Charles Coyle - Asst. Secy. 10-10-2006

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SENIOR CARE FLORIDA LEASING LLC  
1621 GALLERIA BLVD.  
BRENTWOOD, TN 37027 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Glynn Riddle*

Senior Care Florida Leasing, LLC

Glynn Riddle - CFO

10/09/06

Date

615-771-7575

Daytime Phone #

MO1000001974

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**1333 N. DUVAL STREET, TALLAHASSEE, FL 32303**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 10-13-06

**NAME:** SENIOR CARE GOLFVIEW, LLC

**TYPE OF FILING:** REINSTATMENT

**COST:** \$150

**RETURN:**

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**ACCOUNT:** FCA0000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

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**FILED**  
06 OCT 13 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF REGISTRATIONS  
2006 OCT 13 AM 10:14  
TU AGING OF FILING  
SUFFICIENCY OF FILING