

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M01000001975

1. Entity Name  
SENIOR CARE SOUTHERN PINES, 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  
OCT 13 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10052006 REIN-LLC CR2E101 (11/05)

4. FEI Number

62-1873947

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

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

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

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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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: Glynn Riddle

Senior Care Florida Leasing, LLC  
Glynn Riddle - CFO 10/09/06

Date

Daytime Phone #

615-771-7575

MO1000001975

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 SOUTHERN PINES, LLC

TYPE OF FILING: REINSTATMENT

COST: \$150

RETURN:

BK

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

RECEIVED  
DEPARTMENT OF STATE  
2006 OCT 13 AM 10:14  
SUFFICIENCY OF FILING

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