

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000000437

1. Entity Name
WELSH SENIOR HOMES DEVELOPMENT COMPANY,
LLC



Principal Place of Business
7807 CREEKRIDGE CIRCLE
MINNEAPOLIS, MN 55439-2609

Mailing Address
7807 CREEKRIDGE CIRCLE
MINNEAPOLIS, MN 55439-2609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192005 REIN-LLC CR2E101 (6/04)

4. FEI Number
20-0658536

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA CHRISTIAN HOMES, INC.
5550 26TH STREET WEST, SUITE 3
BRADENTON, FL 34207

7. Name and Address of New Registered Agent

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.

SIGNATURE Mark Eklo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-19-05

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DOYLE, DENNIS J
STREET ADDRESS 7807 CREEKRIDGE CIRCLE
CITY-ST-ZIP MINNIAPOLIS, MN 554392609

TITLE ☐ Change ☐ Addition
NAME **400060830714**
STREET ADDRESS **10/20/05--01055--003 **211.25**
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME EKLO, MARK D
STREET ADDRESS 5100 EDEN AVENUE, SUITE 106
CITY-ST-ZIP EDINA, MN 55436

TITLE ☒ Change ☐ Addition
NAME **7807 CREEKRIDGE CIRCLE**
STREET ADDRESS **MINNEAPOLIS, MN 55439**
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME KING, RONALD A
STREET ADDRESS 5100 EDEN AVENUE, SUITE 106
CITY-ST-ZIP EDINA, MN 55436

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark Eklo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-19-05

Date

952-837-3082

Daytime Phone #