

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 25 AM 10: 52

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # MO5000001423

1. Limited Liability Company's Name

USP Rockledge, LLC

2. Principal Office Address

3821 Sunnyside Ct.

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

3. Mailing Office Address

3821 Sunnyside Ct.

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

CR2E041 (8/05)

4. State/Country of Formation

Missouri

5. Date Organized or Qualified  
To Do Business in Florida

3/16/05

6. FEI Number

20-2469185

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

PAUL K THOMAS

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

3821 Sunnyside Ct

Suite, Apt. #, Etc.

City

ROCKLEDGE

State

FL

Zip Code

32955

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Paul K. Thomas

Date

9/19/06

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	United Senior Properties, LLC	3821 Sunnyside Ct.	Rockledge, FL 32955
			10/04/06--01033--021 **150.00
			REINSTATEMENT 2006

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

United Senior Properties, LLC

Date

9/19/06

Daytime Phone #

321-633-1819

Typed or printed name of signing Managing Member/Manager

United Senior Properties, LLC c/o John Julian