M13000004874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

700421492307

01/11/24--01013--020 **90.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCA Naples Operating Company, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

B.J. Parrish
Name of Person

Firm/Company

8800 Village Drive, Suite 106
Address

San Antonio, TX 78217
City/State and Zip Code

bj@myclearday.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (210) 451-0839
Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ■ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th Fl.
Nashville, TN 37243-1102

Filing Information

Name: **Clearday Living, LLC**

General Information

SOS Control #	**000691369**	Formation Locale:	TENNESSEE
Filing Type:	Limited Liability Company - Domestic	Date Formed:	07/20/2012
	07/20/2012 11:23 AM	Fiscal Year Close	12
Status:	Active	Member Count:	1
Duration Term:	Perpetual		
Managed By:	Member Managed		

Registered Agent Address
NATIONAL REGISTERED AGENTS, INC.
300 MONTVUE RD
KNOXVILLE, TN 37919-5546

Principal Address
FL 2
8800 VILLAGE DR
SAN ANTONIO, TX 78217-5412

The following document(s) was/were filed in this office on the date(s) indicated below:

Date Filed	Filing Description	Image #
01/03/2024	Application for Reinstatement	B1485-5270
	Filing Name Changed From: MCA Naples Operating Company, LLC To: Clearday Living, LLC	
	Filing Status Changed From: Inactive - Dissolved (Administrative) To: ACTIVE	
	Inactive Date Changed From: 08/08/2023 To: No Value	
01/02/2024	2023 Annual Report	B1485-2670
12/29/2023	2022 Annual Report	B1483-9219
08/08/2023	Dissolution/Revocation - Administrative	B1433-4977
	Filing Status Changed From: Active To: Inactive - Dissolved (Administrative)	
	Inactive Date Changed From: No Value To: 08/08/2023	
06/02/2023	Notice of Determination	B1402-3665
01/09/2023	Application for Reinstatement	B1317-4295
	Filing Status Changed From: Inactive - Dissolved (Administrative) To: ACTIVE	
	Inactive Date Changed From: 08/09/2022 To: No Value	
01/03/2023	2021 Annual Report	B1315-4433
08/09/2022	Dissolution/Revocation - Administrative	B1256-6227
	Filing Status Changed From: Active To: Inactive - Dissolved (Administrative)	
	Inactive Date Changed From: No Value To: 08/09/2022	

007213167

APPLICATION FOR REINSTATEMENT FOLLOWING ADMINISTRATIVE DISSOLUTION/REVOCATION

SS-9410

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $70.00

For Office Use Only

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Amendment # 007213167

Electronic Tax Clearance

Pursuant to the Tennessee Business Corporation Act, Tennessee Nonprofit Corporation Act, Tennessee Limited Liability Company Act, Tennessee Revised Limited Liability Company Act, or the Tennessee Revised Uniform Partnership Act, this application for reinstatement is submitted to the Tennessee Secretary of State.

1. The Secretary of State Control Number is: 000691369

2. The name of the business entity at the time of dissolution is:
MCA Naples Operating Company, LLC

3. If changing the name, the new name of the entity following reinstatement shall be:
Clearday Living, LLC
The new name of the entity must satisfy the statutory requirements for that type of entity.

4. The ground(s) for the administrative dissolution/revocation (check only one):
☑ Has/have been eliminated. - or - ☐ Did not exist.

NOTES: Prior to this document being accepted for filing, the Businesss Services Division will request tax clearance verification for reinstatement from the Tennessee Department of Revenue. If we cannot obtain such tax clearance verification from the Department of Revenue, this document will be rejected and returned to the applicant. To obtain tax clearance for reinstatement, contact the Tennessee Department of Revenue at 615-253-0700.

01/03/2024	Electronic
Signature Date	Signature
Member	B J Parrish
Signer's Capacity	Name (typed or printed)

Note: Pursuant to T.C.A. § 10-7-503 all information on this form is public record.

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Clearday Living, LLC
FL 2
8800 VILLAGE DR
SAN ANTONIO, TX 78217-5412

January 3, 2024

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Control # : 691369 Status: Active
Filing Type: Limited Liability Company - Domestic

Document Receipt

Receipt # : 008533147	Filing Fee:	$70.00
Payment-Credit Card - State Payment Center - CC #: 3865142530		$70.00

Amendment Type: Application for Reinstatement
Filed Date: 01/03/2024 9:45 AM
Image # : B1485-5270

It has been determined that the attached application for reinstatement contains the information required by statute; therefore, the above entity is hereby reinstated. When corresponding with this office or submitting additional documents for filing, please refer to the control number given above.

Tre Hargett
Secretary of State

Processed By: Corp Web User

Field Name	Changed From	Changed To
Filing Name	MCA Naples Operating Company, LLC	Clearday Living, LLC
Filing Status	Inactive - Dissolved (Administrative)	ACTIVE
Inactive Date	08/08/2023	No Value

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: MCA Naples Operating Company, LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

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2. The Florida document number of this limited liability company is: M13000004874

3. Jurisdiction of its organization: Tennessee

4. Date authorized to do business in Florida: 8/5/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Clearday Living, LLC
(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
Authorize	B.J. Parrish	8800 Village Drive, Suite 106, San Antonio, T	■Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

B.J. Parrish

Typed or printed name of signee

Filing Fee: $25.00