

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000024458

**Entity Name:** ST. PHILOMENA ASSISTED LIVING FACILITIES, LLC

**Current Principal Place of Business:**

3943 ELDRIGE AVE  
JACKSONVILLE, FL 32073

**Current Mailing Address:**

3943 ELDRIGE AVE  
JACKSONVILLE, FL 32073 US

**FEI Number:** 46-3480481

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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.*

**SIGNATURE:** CINDY LESKI

05/12/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name THOMAS, ANGELA  
Address 3943 ELDRIGE AVE  
City-State-Zip: JACKSONVILLE FL 32073

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANGELA THOMAS

MEMBER

05/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date