

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000136465

**Entity Name:** SORINITY SUPPORT SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

9140 GOLFSIDE DRIVE  
SUITE 14S  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9140 GOLFSIDE DRIVE  
SUITE 14S  
JACKSONVILLE, FL 32256

**FEI Number:** 32-0255127

**Certificate of Status Desired:** No

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

ROBERTS, ALVINA  
9140 GOLFSIDE DRIVE  
SUITE 14S  
JACKSONVILLE, FL 32256 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:** ALVINA ROBERTS

09/28/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ROBERTS, ALVINA O  
Address 9140 GOLFSIDE DRIVE  
SUITE 14S  
City-State-Zip: JACKSONVILLE FL 32256

*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:** ALVINA ROBERTS

MGR

09/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date