

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000010070

Entity Name: HARTFORD FINANCIAL, LLC

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

6282 NW 23RD ST
BOCA RATON, FL 33434

New Principal Place of Business:

52 RILEY ROAD
#304
CELEBRATION, FL 34747

Current Mailing Address:

6282 NW 23RD ST
BOCA RATON, FL 33434

New Mailing Address:

52 RILEY ROAD
#304
CELEBRATION, FL 34747

FEI Number: 59-3726552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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: PATTERSON, BOND & LATSHAW, P.A.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PATEL, MRUDULA
Address: 6282 NW 23RD ST
City-St-Zip: BOCA RATON, FL 33434

Title: MGR () Delete
Name: PATEL, PRAKASH
Address: 6282 NW 23RD ST
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: PRAKASH PATEL MR 04/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date