

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000007526

1. Entity Name  
H D INVEST, LLC

9/26/08



FILED

09 JAN 29 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~PO BOX 2795~~  
STUART, FL 34995

Mailing Address  
PO BOX 2795  
STUART, FL 34995

2. Principal Place of Business - No P.O. Box #  
2186 UNIVERSITY OF FLORIDA ST.

3. Mailing Address  
Suite, Apt. #, etc

City & State  
STUART FL

City & State

Zip  
34997-7016

Country  
MARTIN

Zip

Country

01012009 REIN-LLC CR2E101 (1/07)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FREESE, JAMES  
2186 UNIVERSITY OF FLORIDA ST  
STUART, FL 34997-7016

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

*[Signature]*

JAMES FREESE

12-26-08

(Signature for a person named agent is required and fee is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$138.75  
After January 1, 2010, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME FREESE, JAMES A ESQUIRE  
STREET ADDRESS POST OFFICE BOX 2795  
CITY-STATE-ZIP STUART, FL 34995 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition  
000139530210  
01/06/09--01007--018 \*\*138.75

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition  
000139530210  
02/11/09--01005--005 \*\*138.75

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

REINSTATEMENT

Without Penalty  
2008-2009

up 1/29/09

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*[Signature]* JAMES FREESE

12-26-08 (172)2860860