2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 22, 2008
Secretary of State

DOCUMENT# L03000009308

Entity Name: L HARS, L.L.C.

Current Principal Place of Business:

980 SUNSHINE LANE
SUITE T
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

980 SUNSHINE LANE
SUITE O
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

980 SUNSHINE LANE
SUITE T
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

980 SUNSHINE LANE
SUITE O
ALTAMONTE SPRINGS, FL 32714

FEI Number: 60-0004226 **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:

HARS, LARRY O
980 SUNSHINE
SUITE T
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

HARS, LARRY O
980 SUNSHINE
SUITE O
ALTAMONTE SPRINGS, FL 32714 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: LARRY O HARS 10/22/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HARS, LARRY O
Address: 980 SUNSHINE LANE SUITE T
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HARS, LARRY O
Address: 980 SUNSHINE LANE SUITE O
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LARRY O HARS MGRM 10/22/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date