


2004 LIMITED LIABILITY COMPANY REINSTATEMENT *

FILED

04 OCT 22 PM 4:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L03000041201			
1. Entity Name HOJO INVESTMENTS, LLC			
Principal Place of Business 720 GREEN VALLEY LANE MELBOURNE, FL 32940		Mailing Address 720 GREEN VALLEY LANE MELBOURNE, FL 32940	
2. Principal Place of Business 4085 US Hwy 1 Suite, Apt. #, etc. Suite 104 City & State Rockledge, FL Zip 32955 Country USA		3. Mailing Address P.O. Box 560869 Suite, Apt. #, etc. City & State Rockledge, FL Zip 32956-0869 Country USA	
6. Name and Address of Current Registered Agent HOCK, SANDRA L 720 GREEN VALLEY LANE MELBOURNE, FL 32940		7. Name and Address of New Registered Agent Name: Sandra L. Hock Street Address (P.O. Box Number is Not Acceptable) 4085 US Hwy 1, Ste 104 City: Rockledge FL Zip Code: 32956	
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: <u>Sandra L. Hock</u> DATE: <u>10-19-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Sandra L. Hock 1008 Dawitcher Ct. Melbourne, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Timothy P. Hock 1008 Dawitcher Ct. Melbourne, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Paul E. Johnson 1250 Creekside Rockledge, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Walter E. Johnson 3348 Cappio Drive Melbourne, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



10192004 REIN-LLC CR2E101 (6/04) 10/22

4. FEI Number
20-0288361
Applied For
Not Applicable

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

Make check payable to
Florida Department of State

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Sandra L. Hock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-19-04

Date

Daytime Phone #

(321) 633-9275

(970) 418-6837

* REINSTATEMENT
w/o penalty fees