

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000056927

Entity Name: HT, LLC

**FILED**  
**Nov 22, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

12937 BRYNWOOD WAY  
NAPLES, FL 34105

**New Principal Place of Business:**

6597 NICHOLAS BLVD  
1905  
NAPLES, FL 34108

**Current Mailing Address:**

12937 BRYNWOOD WAY  
NAPLES, FL 34105

**New Mailing Address:**

6597 NICHOLAS BLVD.  
1905  
NAPLES, FL 34108

FEI Number: 06-1421701      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

MCARDLE, MICHAEL W ESQ.  
711 FIFTH AVENUE SOUTH, SUITE 209  
NAPLES, FL 34102 US

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

TAYLOR, HOWARD A  
6597 NICHOLAS BLVD.  
1905  
NAPLES, FL 34108 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: HOWARD TAYLOR

11/22/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TAYLOR, HOWARD A  
Address: 12937 BRYNWOOD WAY  
City-St-Zip: NAPLES, FL 34105 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TAYLOR, HOWARD A MR.  
Address: 6597 NICHOLAS BLVD  
City-St-Zip: NAPLES, FL 34108 US

I hereby certify that the information supplied with this filing does not qualify for the 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: HOWARD TAYLOR

MGRM

11/22/2006

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