

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000002383

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** HOPPES & ASSOCIATES, LLC

**Current Principal Place of Business:**

16029 GLEN HAVEN DR  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

16029 GLEN HAVEN DR  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HOPPES, TIMOTHY G  
16029 GLEN HAVEN DR  
TAMPA, FL 33618 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: TIM HOPPES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOPPES, TIMOTHY G MGR  
Address: 16029 GLEN HAVEN DRIVE  
City-St-Zip: TAMPA, FL 33618 US

Title: MGR  
Name: HOPPES, PATRICIA C  
Address: 16029 GLEN HAVEN DR.  
City-St-Zip: TAMPA, FL 33618 US

I hereby 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: TIM HOPPES

MGR

02/02/2012

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