

**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

**Jun 06, 2007 8:00 A.M.
Secretary of State**



DOCUMENT # L04000002722

1. Entity Name
HR AGENCY, L.L.C.

Principal Place of Business
1410 NORTH WESTSHORE BLVD.
SUITE 600
TAMPA, FL 33607

Mailing Address
1410 NORTH WESTSHORE BLVD
SUITE 600
TAMPA, FL 33607

2. Principal Place of Business - No P.O. Box #
4890 W. Kennedy Blvd.
Suite, Apt. #, etc.
#500

3. Mailing Address
4890 W. Kennedy Blvd.
Suite, Apt. #, etc.
#500

City & State
Tampa, FL
Zip
33609

City & State
Tampa, FL
Zip
33609

05162007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-2568916 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SBAR, MARIAN H ESQ
1410 NORTH WESTSHORE BLVD.
SUITE 600
TAMPA, FL 33607

7. Name and Address of New Registered Agent
Name
Kimberley A. Robbins, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Corporate Counsel - Secretary
4890 W. Kennedy Blvd. #500
City Tampa FL Zip Code 33609

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 *Kimberley A. Robbins* DATE 5/31/07
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$200.00

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AGENCY SOLUTIONS INTERNATIONAL, INC. <input type="checkbox"/> Delete 1410 N. WESTSHORE BLVD., SUITE 600 TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4890 W. Kennedy Blvd., #500 Tampa, FL 33609 |
| 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"/> Change <input type="checkbox"/> Addition 900104119600 06/08/07--01033--014 **200.00 |
| 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"/> Change <input type="checkbox"/> Addition |

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: *Kimberley A. Robbins* Date 813-289-9442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #