

# 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**

City & State  
**Tampa, FL**

Zip  
**33609**

Country

Zip  
**33609**

Country

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*

(NOTE: Registered Agent signature required when reinstating)

**5/31/07**  
DATE

**FILE NOW!!! FEE IS \$200.00**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**MGRM** ☐ Delete  
NAME  
**AGENCY SOLUTIONS INTERNATIONAL, INC.**  
STREET ADDRESS  
**1410 N. WESTSHORE BLVD., SUITE 600**  
CITY-ST-ZIP  
**TAMPA, FL 33607**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

☒ Change ☐ Addition  
NAME  
**4890 W. Kennedy Blvd., #500**  
STREET ADDRESS  
CITY-ST-ZIP  
**Tampa, FL 33609**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**813-289-9442**

Date

Daytime Phone #

By: Agency Solutions International, Inc. Its: Managing Member