

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000003975

Entity Name: RONNIE HAWKINS LLC

FILED
Dec 02, 2008
Secretary of State

Current Principal Place of Business:

12304 SCOTT ROAD
FOUNTAIN, FL 32438

New Principal Place of Business:

Current Mailing Address:

12304 SCOTT ROAD
FOUNTAIN, FL 32438

New Mailing Address:

FEI Number: 06-1819884 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:

Name and Address of New Registered Agent:

HAWKINS, RONNIE
12304 SCOTT ROAD
FOUNTAIN, FL 32438 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: RONNIE HAWKINS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAWKINS, RONNIE
Address: 12304 SCOTT ROAD
City-St-Zip: FOUNTAIN, FL 32438

Title: MGRM () Delete
Name: HAWKINS, SHERRI D
Address: 12304 SCOTT ROAD
City-St-Zip: FOUNTAIN, FL 32438

Title: MGRM () Delete
Name: KELLEY, JUSTIN E
Address: 12310 SCOTT RD
City-St-Zip: FOUNTAIN, FL 32438

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RONNIE HAWKINS

MGRM

12/02/2008

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