

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000018133

**FILED**  
**Jun 04, 2014**  
**Secretary of State**

**Entity Name:** RALPH HABEN AND ASSOCIATES LLC

**Current Principal Place of Business:**

1020 EAST LAFAYETTE STREET  
SUITE 113  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1020 EAST LAFAYETTE STREET  
SUITE 113  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 20-0823119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HULBERT, ELLEN  
1020 E. LAFAYETTE STREET  
SUITE 113  
TALLAHASSEE, FL 32301 US

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

HABEN, MICHELLE  
1020 E. LAFAYETTE STREET  
SUITE 113  
TALLAHASSEE, FL 32301 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: MICHELLE HABEN

06/04/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: HABEN, RALPH  
Address: 909 HILLCREST COURT  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR  
Name: HABEN, MICHELLE  
Address: 909 HILLCREST COURT  
City-St-Zip: TALLAHASSEE, FL 32308

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MICHELLE HABEN

MGR

06/04/2014

Electronic Signature of Authorized Person

Date