

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000020666

FILED  
Jul 06, 2009  
Secretary of State

Entity Name: HUBERT INVESTMENTS, LLC

## Current Principal Place of Business:

3712 WEST CASS ST  
SUITE 17  
TAMPA, FL 33609 US

## New Principal Place of Business:

## Current Mailing Address:

3712 WEST CASS ST  
SUITE 17  
TAMPA, FL 33609 US

## New Mailing Address:

FEI Number: 20-0870025      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

LANE, LIA D  
3712 WEST CASS ST  
SUITE 17  
TAMPA, FL 33609 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: LIA D LANE

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LANE, LIA D  
Address: 3717 WEST TACON STREET  
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM ( ) Delete  
Name: LANE, RUSSELL R  
Address: 3717 WEST TACON STREET  
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM ( ) Delete  
Name: DUSSIA, EVAN E II  
Address: 1626 RIGGINS ROAD  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: MGRM ( ) Delete  
Name: DUSSIA, PHYLLIS W  
Address: 1626 RIGGINS ROAD  
City-St-Zip: TALLAHASSEE, FL 32308 US

## 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:

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: LIA D LANE

MGMM

07/06/2009

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