

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000023596					
1. Entity Name HOOVER ENTERPRISES, LLC					
Principal Place of Business 5707 HOVER CT. TALLAHASSEE, FL 32311			Mailing Address 5707 HOVER CT. TALLAHASSEE, FL 32311		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1963456	
6. Name and Address of Current Registered Agent HOOVER, DONNIE R 5707 HOVER CT. TALLAHASSEE, FL 32311				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
SIGNATURE				DATE 3-20-12	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				Make check payable to Florida Department of State	
FILE NOW!!! FEE IS \$377.50				3-20-12	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HOOVER, ANNETTE L 5707 HOVER CT. TALLAHASSEE, FL 32311		TITLE NAME STREET ADDRESS CITY- ST- ZIP	400225281584 03/20/12--01003--001 **377.50	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HOOVER, DONNIE R 5707 HOVER CT. TALLAHASSEE, FL 32311		TITLE NAME STREET ADDRESS CITY- ST- ZIP	400225281584 03/20/12--01003--001 **377.50	
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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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 3-20-12					
E-MAIL ADDRESS					