

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000028785

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** Z'S HUNCO LLC

**Current Principal Place of Business:**

241 JENKINS AVE  
MASARYKTOWN, FL 34604 US

**New Principal Place of Business:**

8100 GREENBRIER CT  
SPRING HILL, FL 34606 US

**Current Mailing Address:**

241 JENKINS AVE  
MASARYKTOWN, FL 34604 US

**New Mailing Address:**

8100 GREENBRIER CT  
SPRING HILL, FL 34606 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

MAGYAR, ZSOLT  
241 JENKINS AVE  
MASARYKTOWN, FL 34604 US

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

MAGYAR, ZSOLT  
8100 GREENBRIER CT  
SPRING HILL, FL 34606 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: ZSOLT MAGYAR

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAGYAR, ZSOLT  
Address: 241 JENKINS AVE  
City-St-Zip: MASARYKTOWN, FL 34604 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MAGYAR, ZSOLT  
Address: 8100 GREENBRIER CT  
City-St-Zip: SPRING HILL, FL 34606 US

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: ZSOLT MAGYAR

MGRM

04/28/2008

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