

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

04-17-2006 90044 022 105.00
L04000091337

DOCUMENT # L04000091337

1. Entity Name
H & C INVESTMENTS, LLC



FILED

06 APR 20 PM 12:52

STATE
TALLAHASSEE, FLORIDA



02022006 REIN-LLC CR2E101 11/05 05-06

Principal Place of Business
4885 NW 107 PASS
DORAL, FL 33178

Mailing Address
4885 NW 107 PASS
DORAL, FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-219801

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANG, SILVIA S
4885 NW 107 PASS
DORAL, FL 33178

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

Silvia S. Chang

(NOTE: Registered Agent signature required when reinstating)

4/11/06

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CHANG, SILVIA S
4885 NW 107 PASS
DORAL, FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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 SHORTER-TERM MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Silvia S. Chang

Silvia S. Chang

4/11/06

Date

(305) 722-0699

Daytime Phone #