

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000007687

1. Entity Name
HMB ENTERPRISES LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:55

Principal Place of Business
6077 ROYAL PALM BEACH BLVD
WEST PALM BEACH, FL 33412

Mailing Address
6077 ROYAL PALM BEACH BLVD
WEST PALM BEACH, FL 33412



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
2618 Stockbridge Way
Suite, Apt. #, etc.

City & State
Dacula, GA

Zip
30019

Country
U.S.A.

02012007 REIN-LLC CR2E101 (1/07)

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, HARRY D
3858 CORAL TREE CIRCLE
106
COCONUT CREEK, FL 33073

6077 Royal Palm Beach Blvd
West Palm Bch, FL
33412

7. Name and Address of New Registered Agent

Name
HARRY BAILEY

Street Address (P.O. Box Number is Not Acceptable)
6077 ROYAL PALM Bch Blvd

City
West Palm Bch

FL

Zip Code
33412

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 *Harry D Bailey* HARRY D BAILEY 1 FEB 07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAILEY, HARRY D 3858 CORAL TREE CIRCLE #106 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOVALIEN, MIRTHA 3858 CORAL TREE CIRCLE #106 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAILEY, HARRY D 6077 ROYAL PALM BEACH BLVD WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOVALIEN, MIRTHA 6077 ROYAL PALM Bch Blvd West Palm Bch, FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300097731263 02/08/07--01037--009 **105.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06-07	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Harry D Bailey* HARRY D BAILEY 1 FEB 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #