

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000021265

Entity Name: C.M. HOTALING, LLC

**FILED**  
**Jul 14, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1123 HASTINGS DR  
DELTONA, FL 32725 US

**New Principal Place of Business:**

1308 TERRE CIA AVE  
ORLANDO, FL 32807 US

**Current Mailing Address:**

1123 HASTINGS DR  
DELTONA, FL 32725 US

**New Mailing Address:**

1308 TERRE CIA AVE  
ORLANDO, FL 32807 US

FEI Number: 20-2425091      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

HOTALING, CHRISTOPHER M  
1123 HASTINGS DR  
DELTONA, FL 32725 US

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

HOTALING, CHRISTOPHER M  
1308 TERRE CIA AVE  
ORLANDO, FL 32807 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: CHRISTOPHER M. HOTALING

07/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOTALING, CHRISTOPHER M  
Address: 1123 HASTINGS DR  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOTALING, CHRISTOPHER M  
Address: 1308 TERRE CIA AVE  
City-St-Zip: ORLANDO, FL 32807

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: CHRISOTPHER M. HOTALING

OWNE

07/14/2007

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