


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | |
|---|---------|---|---------|
| DOCUMENT # L05000035339 | |  | |
| 1. Entity Name THE HAY CAFE RANCH LLC. | | | |
| Principal Place of Business 2820 FORTUNE RD KISSIMMEE, FL 34744 | | Mailing Address 2820 FORTUNE RD KISSIMMEE, FL 34744 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address P.O. BOX 702584 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State ST. CLOUD FL | |
| Zip | Country | Zip | Country |
| | | 34770 | OSCEOLA |

FILED

2009 MAY 12 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05062009 REIN-LLC CR2E101 (1/07)

4. FEI Number
APPLIED FOR 02-0757948

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

HUNT, WILLIAM
2841 LLOYD LN
KISSIMMEE, FL 34744

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 William Hunt 5/8/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HUNT, PHYLLIS A 2820 FORTUNE RD KISSIMMEE, FL 34744 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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05/12/09--01023--004 **377.50

REINSTATEMENT 08-09

08-1309

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: Phyllis A. Hunt. PHYLLIS A HUNT. 05/08/09 (321) 443-6202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #