


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000069225	
1. Entity Name HEZRECO, L.L.C.	

Principal Place of Business 1925 N.E. 26TH STREET FORT LAUDERDALE, FL 33305	Mailing Address 1925 N.E. 26TH STREET FORT LAUDERDALE, FL 33305
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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6. Name and Address of Current Registered Agent KARNEY, WILLIAM M ESQUIRE 915 MIDDLE RIVER DRIVE, SUITE #506 FORT LAUDERDALE, FL 33304

FILED

2008 NOV 19 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-3144452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
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 KARNEY 11-13-08

Signature, typed or printed name of registered agent and State applicable. (NOTE: Registered Agent signature required while reinstating)

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAVER, HEATHER 1925 NE 26TH ST FORT LAUDERDALE, FL 33305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600137950796 11/14/08--01056--008 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLOUD, SCOTT D 4562 LAWRENCE 2145 WENTWORTH, MO 64873 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: D SCOTT CLOUD 11-13-08 954416387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #