

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000072617

FILED
Jan 16, 2009
Secretary of State

Entity Name: HOGTOWN REAL ESTATE SOLUTIONS, LLC

Current Principal Place of Business:

7200 SW 8TH AVENUE
BLDG. C-17
GAINESVILLE, FL 32605

New Principal Place of Business:

13200 W. NEWBERRY ROAD
P-86
GAINESVILLE, FL 32669

Current Mailing Address:

P. O. BOX 358213
GAINESVILLE, FL 32635 US

New Mailing Address:

13200 W. NEWBERRY ROAD
P-86
GAINESVILLE, FL 32669

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

MCCASLIN, BRENDA D
7200 SW 8TH AVENUE
BLDG. C-17
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

MCCASLIN, BRENDA D
13200 W. NEWBERRY ROAD
P-86
GAINESVILLE, FL 32669 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: BRENDA D. MCCASLIN

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCASLIN, BRENDA D
Address: 7200 SW 8TH AVENUE BLDG. C-17
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCASLIN, BRENDA D
Address: 13200 W. NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32669

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: BRENDA D. MCCASLIN

MGR

01/16/2009

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