

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT
2013-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000074663**

1. Limited Liability Company's Name

HGR B7L2 INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box #

5320 KENNON LANE

Suite, Apt. #, etc.

City & State

BOSSIER CITY, LA

Zip

71112

Country

USA

3. Mailing Office Address

5320 KENNON LANE

Suite, Apt. #, etc.

City & State

BOSSIER CITY, LA

Zip

71112

Country

USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 07/26/2005

6. FEI Number
20-4476250

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

RICHARD S. MCNEESE

Street Address (P.O. Box Number is Not Acceptable)

36468 EMERALD COAST PARKWAY

Suite, Apt. #, Etc.

SUITE 1201

City

DESTIN

State

FL

Zip Code

32541

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Richard S. McNeese

REGISTERED AGENT MUST SIGN

Date 06/03/2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	MARAJA, LLC	5320 KENNON LANE	BOSSIER CITY, LA 71112

11. E-mail Address: JEREMY.JHCPA@GMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Max Sharp

Date 06/03/2014

Daytime Phone # 318-746-3535

Typed or printed name of signing Authorized Representative/Manager

MAX SHARP

FILED

14 JUN 10 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. ASHTON