

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000104045

Entity Name: H & H FINANCIAL GROUP, LLC

FILED
Oct 02, 2007
Secretary of State

Current Principal Place of Business:

19390 COLLINS AVENUE
SUITE #1024
SUNNY ISLES, FL 33160

New Principal Place of Business:

22124 PALMS WAY
SUITE #205
BOCA RATON, FL 33433

Current Mailing Address:

19390 COLLINS AVENUE
SUITE #1024
SUNNY ISLES, FL 33160

New Mailing Address:

22124 PALMS WAY
SUITE #205
BOCA RATON, FL 33433

FEI Number: 20-3663448 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:

HOSKINS, CALVANAUGH R
19390 COLLINS AVENUE
SUITE #1024
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

HOSKINS, CALVANAUGH R
22124 PALMS WAY
SUITE #205
BOCA RATON, FL 33433 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: CALVANAUGH HOSKINS

10/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOSKINS, CALVANAUGH R
Address: 19390 COLLINS AVENUE - SUITE #1024
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOSKINS, CALVANAUGH R
Address: 22124 PALMS WAY - SUITE #205
City-St-Zip: BOCA RATON, FL 33433

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: CALVANAUGH HOSKINS

MR.

10/02/2007

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