

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000121352

Entity Name: HOBVAR PARTNERS, LLC

FILED  
Dec 11, 2007  
Secretary of State

**Current Principal Place of Business:**

503 PEREGRINE DRIVE  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 33100  
INDIALANTIC, FL 32903

**New Mailing Address:**

FEI Number: 20-4064728      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

VARNES, G. MITCHELL JR  
503 PEREGRINE DRIVE  
INDIALANTIC, FL 32903      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: G. MITCHELL VARNES JR.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: VARNES, G. MITCHELL JR  
Address: 503 PEREGRINE DRIVE  
City-St-Zip: INDIALANTIC, FL 32903

Title: MGR      ( ) Delete  
Name: HOBGOOD, CLIFTON JAMES  
Address: 603 N. ROBERT WAY  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGR      ( ) Delete  
Name: HOBGOOD, DAMIEN  
Address: 603 N. ROBERT WAY  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: G. MITCHELL VARNES JR.

MGR

12/11/2007

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