2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000028756

104 PINE ISLE DR

SANFORD, FL 32773

Address:

City-St-Zip:

Entity Name: HEMGESBERG SECHREST LLC

FILED Oct 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 104 PINE ISLE DRIVE SANFORD, FL 32773 US **Current Mailing Address: New Mailing Address:** 104 PINE ISLE DRIVE SANFORD, FL 32773 US FEI Number: 20-4674493 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: INCORP SERVICES, INC SECHREST, ANGELA C MGR 104 PINE ISLE DRIVE 17888 67TH COURT NORTH US US LOXAHATCHEE, FL 33470 SANFORD, FL 32773 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: ANGELA CHRISTINE SECHREST 10/12/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete SECHREST, ANGELA Name: Name: Address: 104 PINE ISLE DRIVE Address: City-St-Zip: SANFORD, FL 32773 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HEMGESBERG, TONY Name: Address: 1880 ARLINGTON COURT Address: City-St-Zip: LONGWOOD, FL 32750 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HEMGESBERG, LAURA Name: Name: 1880 ARLINGTON COURT Address: Address: City-St-Zip: LONGWOOD, FL 32750 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SECHREST, BENJAMIN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ANGELA CHRISTINE SECHREST MGR 10/12/2009