

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000034270

Entity Name: HVILLE, L.L.C.

FILED
Nov 06, 2008
Secretary of State

Current Principal Place of Business:

7300 N KENDALL DR #380
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

7300 N KENDALL DR #380
MIAMI, FL 33156

New Mailing Address:

FEI Number: 38-3757575 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:

GLICK, JOSEPH A
7300 N KENDALL DR #380
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: JOSEPH A. GLICK

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GLICK, JOSEPH A
Address: 9130 S. DADELAND BD. #1218
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: GLICK, SHARON A
Address: 9130 S. DADELAND BD. #1218
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GLICK, JOSEPH A
Address: 7300 N KENDALL DR. SUITE 380
City-St-Zip: MIAMI, FL 33156

Title: MGRM (X) Change () Addition
Name: GLICK, SHARON A
Address: 7300 N KENDALL DR. SUITE 380
City-St-Zip: MIAMI, FL 33156

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: JOSEPH A. GLICK

MGRM

11/06/2008

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