

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000057234

Entity Name: HX INVESTMENTS, LLC

FILED
Oct 09, 2007
Secretary of State

Current Principal Place of Business:

1813 WELLNESS LANE
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

1813 WELLNESS LANE
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 20-5021568 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:

LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET, SUITE 205
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

HERNDON, BIRAN
795 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34984 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: BIRAN HERNDON

10/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LONDON, BRUCE N M.D.
Address: 1813 WELLNESS LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM () Delete
Name: LONDON, CHERYL L
Address: 1813 WELLNESS LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES:

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: CHERYL LONDON

MGRM

10/09/2007

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