## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L06000060464

FEKIH, HASSAN

2207 PONCE DE LEON BOULEVARD

( ) Delete

2207 PONCE DE LEON BOULEVARD

CORAL GABLES, FL 33134

HOLLIMAN, STEPHEN W

CORAL GABLES, FL 33134

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: HDFW, LLC

FILED Oct 17, 2007 Secretary of State

Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
	ICE DE LEON ABLES, FL 33				
Current Mailing Address:			New Mailing Add	New Mailing Address:	
	ICE DE LEON ABLES, FL 33				
FEI Number: 22-3935024 FEI Number Applied For ( )			FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
1840 SW : 4TH FLOO		A.	2207 PONCE DE	HOLLIMAN, STEPHEN W MGR 2207 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE: STEPHEN HOLLIMAN				10/17/2007	
	Electro	nic Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	FEKIH, HASSA	DE LEON BOULEVARD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HOLLIMAN, ST	DE LEON BOULEVARD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	S (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: STEPHEN HOLLIMAN MGR 10/17/2007