

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000075349

FILED
Oct 05, 2007
Secretary of State

Entity Name: HIGHLANDS COUNTY HUGAMUFFASSA LLC

Current Principal Place of Business:

809 US 27 SOUTH
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

809 US 27 SOUTH
SEBRING, FL 33870

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

CUSUMANO, PETER
3625 MANOR ROAD
SEBRING, FL 33875 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: PETER CUSUMANO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CUSUMANO, PETER
Address: 3625 MANOR ROAD
City-St-Zip: SEBRING, FL 33875

Title: MGRM () Delete
Name: WILLIAMS, DEBRA A
Address: 4415 ALCANTARRA AVE.
City-St-Zip: SEBRING, FL 33875

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: PETER CUSUMANO

MGRM

10/05/2007

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