	LE MOTROCHOTO B	EI OILE OOM	MPLETING THIS FORM.	-1
COMPANY COM		е	10 MAY FIL.	5 0.
DOCUMENT# LOLOOOOO93176 1. Limited Liability Company's Name H. L. P. CONTRACTING, LLC			10 MAY - 11.ED FALLAGE A 4:08 100179454164 04/30/1001056003 **243.75	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address		CR2E041 (11/09)	
7320 DORMANY COAP	SAME		4. State/Country of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		HILL BOROUGH, FL.	
		a.	Date Organized or Qualified To Do Business in Florida OCTO DC 10/30/2066	R /30 7/206
PLANT CITY FL.	City & State	6.	FEI Number	Applied For
PLANT CITY FL. Zip Country 33565 HILLSBOROUGH	Zip Country	7	22-3943 620 CERTIFICATE OF STATUS DESIRED S500 A	Not Applicable Additional Fee required Certificate of Status
8. Name and Address of	Command Bouletared Again			Celtinals of States
Name Hector L- Peret Street Address (P.O. Box Number is Not Acceptable) D320 Dor MANY Los? Suite, Apt. #, Etc. CityPLANT CITY State Zip Code FL 33565		Zip Code	☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
9. I, being appointed the registered agent of the above	e named limited liability company, am for the second secon	amiliar with and accep	ot the obligations of Chapter 608, F.S. Date 4/22	/10
10. Names and Street Addresses of Managing Memb	xers/Managers		1	
Titles Name of Managing Members/Manager		Address of Each g Member/Manager	City / State / 2	Zip
MER HECTOR L. PERC	ER HECTOR L. PEREZ 7320 DORMANY		OP PLANT. CITY. F	Ž. 33 5 65
			S. HAWK	ES
^ ,	<u> </u>		MAY 07	2010
			EXAMINE	R
11. E-mail Address: HLPEZ @	COMCAST. NET	-		
I certify that I am managing member/manager or the filing this reinstatement application the reason for diall fees owed by the limited liability company have the film made under oath.	To be used for future annumers are receiver or trustee empowered to exissolution has been eliminated, the limit	execute this application ted liability company no this application is true	ame satisfies the requirements of section 608.	.406, F.S., and that ne same legal effect

Typed or printed name of signing Managing Member/Manager