


# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000121185		
1. Entity Name H & O HOME IMPROVEMENT LLC		

**FILED**

12 APR 23 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 27406 NE MERCER LANE HOSFORD, FL 32334	Mailing Address 27406 NE MERCER LANE HOSFORD, FL 32334
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 25308 N.E. Hunters Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04232012 REIN-LLC CR2E101 (12/11)

City & State Hosford, Fla.	City & State
Zip 32334	Country

4. FEI Number 45-0548015	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HILL, JACKIE 27406 NE MERCER LANE HOSFORD, FL 32334	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Joeshie Nell</i>	DATE

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HILL, JACKIE 27406 NE MERCER LANE HOSFORD, FL 32334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/23/12--01004--020 \*\*377.50

**REINSTATEMENT**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Joeshie Nell</i>	DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
E-MAIL ADDRESS	

N. O'Quinn APR 23 2012