

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000009458

1. Entity Name
HEART OF FLORIDA MONUMENTS, LLC



FILED

2008 NOV 19 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10292008 REIN-LLC CR2E101 (1/07)

Principal Place of Business
1539 17 92 N
DAVENPORT, FL 33836

Mailing Address
P O BOX 904
DAVENPORT, FL 33836

2. Principal Place of Business - No P.O. Box #
1539 1792 N
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 904
Davenport, Florida
Suite, Apt. #, etc.

City & State
Davenport, Florida
Zip 33836 Country Polk

4. FEI Number
20-8314239
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent
MOBLEY, ROY
1539 17 92 N
DAVENPORT, FL 33836

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBLEY, ROY		NAME		
STREET ADDRESS	1539 17-92 N		STREET ADDRESS	600138073536	
CITY-ST-ZIP	DAVENPORT, FL 33836		CITY-ST-ZIP	11/19/08--01013--005 **238.75	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBLEY, JOSHEPH		NAME		
STREET ADDRESS	1539 17-92 N		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL 33836		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Roy Mobley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #