

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000034967

FILED  
Oct 06, 2009  
Secretary of State

Entity Name: H&H LLC

**Current Principal Place of Business:**

3751 E FOWLER AVE.  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

3751 E FOWLER AVE.  
TAMPA, FL 33612 US

**New Mailing Address:**

FEI Number: 83-0473360      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

MONK, LISA  
3751 E. FOWLER AVE  
TAMPA, FL 33612 US

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: LISA MONK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOFFMAN, JUDITH  
Address: 3751 E FOWLER AVE.  
City-St-Zip: TAMPA, FL 33612 US

Title: MGR ( ) Delete  
Name: HOFFMAN, FRANK M.D.  
Address: 3751 E FOWLER AVE.  
City-St-Zip: TAMPA, FL 33612 US

Title: MGR ( ) Delete  
Name: BEEBEE, ANGIE  
Address: 3751 E. FOWLER AVE  
City-St-Zip: TAMPA, FL 33612

Title: MGR ( ) Delete  
Name: KUMAR, VEERENDRA  
Address: 3751 E. FOWLER AVE  
City-St-Zip: TAMPA, FL 33612 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KUMAR VEERENDRA

MGR

10/06/2009

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