

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000039014

**Entity Name:** HOFFMAN KNIGHT, LLC

**FILED**  
**Jan 06, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

108 FIRST ST  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

**Current Mailing Address:**

108 FIRST ST  
NEPTUNE BEACH, FL 32266

**New Mailing Address:**

**FEI Number:** 20-8824906      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

HOFFMAN, LARA  
198 MAGNOLIA STREET  
ATLANTIC BEACH, FL 32233      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: JUNE GAGE PETTIT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** HARRIS, WILLIAM EARL  
**Address:** 1731 PARK TERRACE EAST  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

**ADDITIONS/CHANGES:**

**Title:** MGRM      (X) Change ( ) Addition  
**Name:** PETTIT, JUNE GAGE  
**Address:** 1855 SPICEBERRY CIR EAST  
**City-St-Zip:** JACKSONVILLE, FL 32246

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: JUNE GAGE PETTIT

MGRM

01/06/2009

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