

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000056126

**FILED**  
**Jan 20, 2009**  
**Secretary of State**

**Entity Name:** HARDAWAY TURNBULL LAW FIRM LLC

**Current Principal Place of Business:**

3111 W, MARTIN LUTHER KING BLVD  
100  
TAMPA, FL 33607

**New Principal Place of Business:**

310 EAST MAIN STREET  
BARTOW, FL 33830

**Current Mailing Address:**

3111 W, MARTIN LUTHER KING BLVD  
100  
TAMPA, FL 33607

**New Mailing Address:**

310 EAST MAIN STREET  
BARTOW, FL 33830

**FEI Number:** 87-0802553      **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:**

TURNBULL, SANGA T  
310 E MAIN ST  
BARTOW, FL 33830      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: SANGA TURNBULL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HARDAWAY, LARRY  
Address: 3111 W, MARTIN LUTHER KING BLVD  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: HARDAWAY, LARRY  
Address: 310 EAST MAIN STREET  
City-St-Zip: BARTOW, FL 33830

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: LARRY D. HARDAWAY

MGRM

01/20/2009

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