

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

12 NOV -5 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KS



<b>DOCUMENT # L07000092746</b>					
1. Entity Name H.L. COOPER, LLC					
Principal Place of Business 109 BLOWING PEACE LANE ORLANDO, FL 34743 US			Mailing Address 109 BLOWING PEACE LANE ORLANDO, FL 34743 US		
2. Principal Place of Business - No P.O. Box # <i>109 Glowing Peace Ln.</i>		3. Mailing Address <i>109 Glowing Peace Ln.</i>			
Suite, Apt. #, etc. <i>Orlando, Fl.</i>		Suite, Apt. #, etc. <i>Orlando, Fl.</i>			
City & State <i>32824</i>		City & State <i>32824</i>		<b>REINSTATEMENT</b>	
Zip		Country		4. FEI Number 26-0871402	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  COOPER, LARRY D 109 BLOWING PEACE LANE ORLANDO, FL 34743			7. Name and Address of New Registered Agent		
			Name <i>LARRY D. Cooper</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>109 Glowing Peace Ln.</i>		
			<i>Orlando</i>		<i>32824</i>
			City		Zip Code <b>FL</b>
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>Larry D. Cooper</i>				DATE <i>11/5/2012</i>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$238.75</b> After January 1, 2013, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR COOPER, LARRY 109 BLOWING PEACE LANE ORLANDO, FL 34743 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>MGR M</i> <i>Larry D. Cooper</i> <i>109 Glowing Peace Ln.</i> <i>Orlando, FL 32824</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Larry D. Cooper</i>				DATE: <i>11/5/2012</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>E-MAIL ADDRESS</small> <i>cooploopsupera@yahoo.com</i>	