

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000110322

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: HORNSBEE U-NEEK OPTIONS, L.L.C.

**Current Principal Place of Business:**

5363 SOUTEL DRIVE  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

667 IVA PLACE  
JACKSONVILLE, FL 32208

**New Mailing Address:**

FEI Number: 33-1188916      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:**

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

HORNSBY, SYLVIA  
667 IVA PLACE  
JACKSONVILLE, FL 32208      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: SYLVIA HORNSBY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HORNSBY, SYLVIA  
Address: 667 IVA PLACE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM ( ) Delete  
Name: HORNSBY, THOMAS  
Address: 667 IVA PLACE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGR ( ) Delete  
Name: WALKER, ALTRENA  
Address: 667 IVA PLACE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGR ( ) Delete  
Name: MOORE, KENDRA  
Address: 1521 KENLYN DRIVE  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HORNSBY, SYLVIA  
Address: 667 IVA PLACE  
City-St-Zip: JACKSONVILLE, FL 32208

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: SYLVIA HORNSBY

MGRM

03/24/2009

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