

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 07, 2009  
Secretary of State**

DOCUMENT# L07000127874

Entity Name: HDA GROUP, LLC

**Current Principal Place of Business:**

2655 LEJEUNE ROAD, SUITE 1008  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2655 LEJEUNE ROAD, SUITE 1008  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 26-1651327      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:**

BODIN, GLORIA R ESQ.  
2655 LEJEUNE ROAD, SUITE 1008  
CORAL GABLES, FL 33134 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: GLORIA BODIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PAPPAS, APOSTOL  
Address: 2655 LEJEUNE ROAD, SUITE 1008  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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: APOSTOL PAPPAS

MGRM

10/07/2009

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