

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000075403

**FILED**  
**Nov 22, 2010**  
**Secretary of State**

**Entity Name:** HSD OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

4142 MARINER BLVD.  
#238  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

4142 MARINER BLVD.  
#238  
SPRING HILL, FL 34609

**New Mailing Address:**

**FEI Number:** 26-3067321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOHN, BURGESS M  
4142 MARINER BLVD.  
#238  
SPRING HILL, FL 34609 US

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

WHITE, MICHELLE A ESQ  
255 ALHAMBRA CIRCLE  
414  
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: MICHELLE A WHITE

11/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BURGESS, JOHN  
Address: 4142 MARINER BLVD., #238  
City-St-Zip: SPRING HILL, FL 34609

I hereby 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: JOHN BURGESS

MGRM

11/22/2010

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