

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000102072

FILED
Oct 03, 2009
Secretary of State

Entity Name: HEROES HAVEN LLC

Current Principal Place of Business:

14743 N DALE MABRY
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

14743 N DALE MABRY
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 26-3632035 **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:

BAAB, CARL J
7713 ROCK PALM AVE
UNIT 102
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

BAAB, CARL J
19502 PINE TREE RD
ODESSA, FL 33556 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: CARL JASON BAAB

10/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAAB, CARL J
Address: 7713 ROCK PALM UNIT 102
City-St-Zip: TAMPA, FL 33615 US

Title: MGR () Delete
Name: MORSE, SCOTT A
Address: 1103 PRESCOTT LANE
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGR () Delete
Name: BAAB, MARIANNE E
Address: 19502 PINE TREE RD
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAAB, CARL J
Address: 19502 PINE TREE RD
City-St-Zip: ODESSA, FL 33556 US

Title: MGR (X) Change () Addition
Name: YORK, HOWARD B
Address: 3036 CASTLE ROCK CIRCLE
City-St-Zip: LAND O LAKES, FL 34639 US

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: CARL JASON BAAB

MGRM

10/03/2009

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