

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000107223

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** HANLEX ZEPHYRHILLS, LLC

**Current Principal Place of Business:**

516 COOPER COMMERCE DR  
SUITE 200  
APOPKA, FL 32703

**New Principal Place of Business:**

1825 SOUTH ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703

**Current Mailing Address:**

516 COOPER COMMERCE DR  
SUITE 200  
APOPKA, FL 32703

**New Mailing Address:**

1825 SOUTH ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703

**FEI Number:** 27-1220319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PISTOR, HANS  
COOPER COMMERCE DR  
SUITE 200  
APOPKA, FL 32703 US

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

PISTOR, HANS B  
1825 SOUTH ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703 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: HANS B. PISTOR

03/22/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PISTOR, HANS  
Address: 1825 SOUTH ORANGE BLOSSOM TRAIL  
City-St-Zip: APOPKA, FL 32703

Title: MGR  
Name: WOLMARANS, PAUL  
Address: 516 COOPER COMMERCE DR SUITE 200  
City-St-Zip: APOPKA, FL 32703

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: HANS B. PISTOR

MGRM

03/22/2012

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