

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000077947

**FILED**  
**Apr 07, 2012**  
**Secretary of State**

**Entity Name:** HEDMAN SPECIALTIES LLC

**Current Principal Place of Business:**

174 SHORT AVE  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

174 SHORT AVE  
FREEPORT, FL 32439

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HEDMAN, SUSAN  
174 SHORT AVE  
FREEPORT, FL 32439 US

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

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: SUSAN HEDMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HEDMAN, SUSAN  
Address: 174 SHORT AVE  
City-St-Zip: FREEPORT, FL 32439

Title: MGRM  
Name: HEDMAN, GARY  
Address: 174 SHORT AVE  
City-St-Zip: FREEPORT, FL 32439

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: SUSAN HEDMAN

MGRM

04/07/2012

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