

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000089878

**Entity Name:** HNF VENTURES, LLC

**FILED**  
**Mar 15, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

2090 WAVERLY AVE. SE  
PALM BAY, FL 32909 US

**New Principal Place of Business:**

**Current Mailing Address:**

2090 WAVERLY AVE. SE  
PALM BAY, FL 32909 US

**New Mailing Address:**

9650 BOULDER STREET  
MIRAMAR, FL 33025

**FEI Number:** 27-3209377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCALLA, FLO  
9650 BOULDER STREET  
MIRAMAR, FL 33025 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:** FLO MCCALLA

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** DUCILLE, HELEN  
**Address:** 2090 WAVERLY AVE. SE  
**City-St-Zip:** PALM BAY, FL 32909 US

**Title:** MGR  
**Name:** MCCALLA, FLO  
**Address:** 9650 BOULDER STREET  
**City-St-Zip:** MIRAMAR, FL 33025 US

**Title:** MGR  
**Name:** CHRISTOPHER, FLAVIA  
**Address:** 3399 FOXCROFT ROAD #105  
**City-St-Zip:** MIRAMAR, FL 33025

**Title:** MGR  
**Name:** NELSON, JENNIFER  
**Address:** 3399 FOXCROFT ROAD #105  
**City-St-Zip:** MIRAMAR, FL 33025

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:** FLO MCCALLA

MGR

03/15/2013

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