

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000052781

**FILED**  
**Mar 26, 2014**  
**Secretary of State**

**Entity Name:** RENEE D HACKLEMAN, LLC

**Current Principal Place of Business:**

850 FT. PICKENS RD. UNIT 930  
PENSACOLA BEACH, FL 325615218

**New Principal Place of Business:**

4119 OAK POINTE DRIVE  
GULF BREEZE, FL 32563 US

**Current Mailing Address:**

850 FT. PICKENS RD. UNIT 930  
PENSACOLA BEACH, FL 325615218

**New Mailing Address:**

4119 OAK POINTE DRIVE  
GULF BREEZE, FL 32563 US

**FEI Number:** 45-1846681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HACKLEMAN, RENEE D  
850 FT. PICKENS RD. UNIT 930  
PENSACOLA BEACH, FL 325615218 US

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

HACKLEMAN, RENEE D  
4119 OAK POINTE DRIVE  
GULF BREEZE, FL 32563 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: RENEE HACKLEMAN

03/26/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: HACKLEMAN, RENEE D  
Address: 4119 OAK POINTE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM  
Name: RENEE, HACKLEMAN  
Address: 4119 OAK POINTE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: RENEE HACKLEMAN

MGRM

03/26/2014

Electronic Signature of Authorized Person

Date