

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000130739

Entity Name: HAYPER PROPERTIES, LLC

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

8701 W IRLO BRONSON MEMORIAL HWY, STE 136  
KISSIMMEE, FL 34747

## **New Principal Place of Business:**

8979 CANDY PALM ROAD  
KISSIMMEE, FL 34747

## **Current Mailing Address:**

8701 W IRLO BRONSON MEMORIAL HWY, STE 136  
KISSIMMEE, FL 34747

## **New Mailing Address:**

1420 CELEBRATION BLVD. SUITE 200  
C/O ACCURATE-ADMIN SERVICES LLC  
KISSIMMEE, FL 34747

FEI Number: 46-3486726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FLORIDA SCANDINAVIAN VACATION HOMES AND MA  
8701 W IRLO BRONSON MEMORIAL HWY  
SUITE 136  
KISSIMMEE, FL 34747 US

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

ACCURATE-ADMIN SERVICES LLC  
1420 CELEBRATION BLVD SUITE 200  
KISSIMMEE, FL 34747 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: LINDA ANGELES

10/01/2014

Electronic Signature of Registered Agent

Date

## **AUTHORIZED PERSONS:**

Title: MGRM  
Name: ANDREWS, WAYNE N  
Address: LONGFIELD PARK, 3 WHITEACRES CLOSE  
City-St-Zip: BROAD OAK BREDE, RYE, . TN31 6EW UK

Title: MGRM  
Name: ANDREWS, DEBRA E  
Address: LONGFIELD PARK, 3 WHITEACRES CLOSE  
City-St-Zip: BROAD OAK BREDE, RYE, . TN31 6EW UK

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: WAYNE ANDREWS

MGRM

10/01/2014

Electronic Signature of Authorized Person

Date