

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000005697

Entity Name: HERNANDO OAKS, LLC

FILED  
Oct 11, 2004  
Secretary of State

**Current Principal Place of Business:**

1610 BARRANCAS AVE.  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

1610 BARRANCAS AVE.  
PENSACOLA, FL 32501

**New Mailing Address:**

FEI Number: 59-3603927      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LIBERIS, CHARLES S  
1610 BARRANCAS AVE.  
PENSACOLA, FL 32501      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: PENSACOLA GROUP LLC,  
Address: 1610 BARRANCAS AVE  
City-St-Zip: PENSACOLA, FL 32501

Title: MGR      ( ) Delete  
Name: TECO PROPERTIES CORP, ORATION  
Address: 702 N FRANKLIN ST 7TH FLOOR  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: CHARLES S LIBERIS

MGR

10/11/2004

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