

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Dec 09, 2008  
Secretary of State**

DOCUMENT# L07000022738

Entity Name: T-D CHRISTENSEN ENTERPRISES, LLC

**Current Principal Place of Business:**

11 PECAN COURSE TRAIL  
OCALA, FL 34472 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 PECAN COURSE TRAIL  
OCALA, FL 34472 US

**New Mailing Address:**

FEI Number: 11-3806168      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:**

CHRISTENSEN, TINA  
11 PECAN COURSE TRAIL  
OCALA, FL 34472 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: TINA CHRISTENSEN

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: CHRISTENSEN, TINA  
Address: P.O. BOX 830358  
City-St-Zip: Ocala, FL 34483 US

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

Title: MGRM ( ) Delete  
Name: CHRISTENSEN, DANIEL  
Address: P.O. BOX 830358  
City-St-Zip: Ocala, FL 34483 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TINA CHRISTENSEN

MGRM

12/09/2008

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