

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000157907

**Entity Name:** TALLAHASSEE FAMILY MAGAZINE LLC**Current Principal Place of Business:**508 CAPITAL CIRCLE S.E.  
SUITE D3  
TALLAHASSEE, FL 32301**Current Mailing Address:**508 CAPITAL CIRCLE S.E.  
SUITE D3  
TALLAHASSEE, FL 32301 US**FEI Number:** 47-2037252**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALCOM MARKETING & ADVERTISING, INC.  
508 CAPITAL CIRCLE S.E.  
SUITE D3  
TALLAHASSEE, FL 32301 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:** BRIEN R. SORNE

02/19/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**Title AMBR  
Name SORNE, BRIEN RICHARD  
Address 508 CAPITAL CIRCLE S.E.  
SUITE D3  
City-State-Zip: TALLAHASSEE FL 32301Title MEMBER  
Name BARFIELD, DAVID  
Address 508 CAPITAL CIRCLE S.E.  
SUITE D3  
City-State-Zip: TALLAHASSEE FL 32301Title MEMBER  
Name BARFIELD, DANA  
Address 508 CAPITAL CIRCLE S.E.  
SUITE D3  
City-State-Zip: TALLAHASSEE FL 32301Title MEMBER  
Name DADY, MIRIAM  
Address 508 CAPITAL CIRCLE S.E.  
SUITE D3  
City-State-Zip: TALLAHASSEE FL 32301Title MEMBER  
Name SORNE, SARAH  
Address 508 CAPITAL CIRCLE S.E.  
SUITE D3  
City-State-Zip: TALLAHASSEE FL 32301

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIEN RICHARD SORNE

AUTHORIZED MEMBER

02/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date