


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

15 NOV -3 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT #** A140000000559

1. Name of Limited Partnership

**TMM SAFETIES & SECURITIES, LLLP**

2. Principal Office Address - No P.O. Box # <b>1124 Fern Avenue</b>	3. Mailing Office Address <b>Post Office Box 4961</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
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Zip <b>32814</b>	Country <b>USA</b>	Zip <b>32801</b>	Country <b>USA</b>
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4. Date Formed or Registered To Do Business in Florida	<b>10/21/2014</b>
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5. FEI Number <b>47-2191864</b>	Applied For <input type="checkbox"/> Not Applicable
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6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	<b>\$8.75</b> Additional Fee required for a Certificate of Status
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CR2E039 (1/11)

8. Name and Address of Current Registered Agent

Name  
**B&C Corporate Services of Central Florida, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**390 N. Orange Avenue**

Suite, Apt. #, Etc.  
**Suite 1400**

City <b>Orlando</b>	FL	Zip Code <b>32801</b>
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7. FEES:  
**Filing Fee(s):** \$411.25 for each year due this office.  
**Supplemental Fee(s):** \$88.75 for each year due this office.  
**Penalty Fee(s):** \$500 for each year or part thereof limited partnership revoked on our records.

**E-mail Address:**  
**hford@broadandcassel.com**  
 E-Mail address to be used for future annual report notices

9. Pursuant to the provisions of section 620 1810 or 620 1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]* DATE 10/22/15  
 (REGISTERED AGENT MUST SIGN)

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Toogie Meharg McIntosh, Trustee of the Toogie Meharg McIntosh Family Trust dated 12/14/2004, as amended and restated	1124 Fern Avenue	Orlando, FL 32814	

**300278770153**  
 11/03/15--01027--016 \*\*1500.00

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, FS.

SIGNATURE *Toogie Meharg McIntosh* DATE 23 OCT '15  
 Toogie Meharg McIntosh, Trustee  
 Typed or Printed Name of General Partner Signing Form Telephone Number

*10/15/15*