2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# L00000003252

Entity Name: TIRE ENGINEERING & DISTRIBUTION, L.L.C.

Current Principal Place of Business:

2535 BEE RIDGE RD
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

2535 BEE RIDGE RD
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 65-1001744 **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:

RUSSELL, JEFFREY S
240 S. PINEAPPLE AVE.
10TH FLOOR
SARASOTA, FL 34228 US

Name and Address of New Registered Agent:

RUSSELL, JEFFREY S
240 S. PINEAPPLE AVE.
9TH FLOOR
SARASOTA, FL 34236 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: JEFFREY S. RUSSELL 10/09/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FISHMAN, JORDAN
Address: 2535 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34239 US

Title: MGR (X) Delete
Name: KILLMISTER, JOHN
Address: BERESFORD HOUSE
City-St-Zip: BELLOZANNE ROAD, ST HEILIER,

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 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: JORDAN FISHMAN MGR 10/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date