

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 15 AM 9:52

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000005836

1. Limited Liability Company's Name

TMCC, L.L.C.

2. Principal Office Address

2004 SOUTH FEDERAL HIGHWAY

3. Mailing Office Address

2004 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

APT. D-403

Suite, Apt. #, etc.

APT. D-403

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

33435

Country

USA

Zip

33435

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

04/16/2001

6. FEI Number

65-1091584

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

THOMAS W. MCCLURE

Street Address (P.O. Box Number is Not Acceptable)

2004 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

APT. D-403

City

BOYNTON BEACH

State

FL

Zip Code

33435

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Thomas W. McClure*

Date

11-9-05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	THOMAS W. MCCLURE	2004 SOUTH FEDERAL HIGHWAY, APT. D-403	BOYNTON BEACH, FL 33435

REINSTATEMENT

02-05

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*Thomas W. McClure*

Date

11-9-05

Daytime Phone #

561-738-0319

Typed or printed name of signing Managing Member/Manager

THOMAS W. MCCLURE