

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000008567

1. Entity Name
TENSOC, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 25 AM 10:45

Principal Place of Business
565 SW ROMORA BAY-LAKE CHARLES
ST. LUCIE WEST, FL 34986

Mailing Address
565 SW ROMORA BAY-LAKE CHARLES
ST. LUCIE WEST, FL 34986

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10122005 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number

65-1107581

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME WOISCHKE, WOLFGANG
STREET ADDRESS 565 SW ROMORA BAY-LAKE CHARLES
CITY-ST-ZIP ST. LUCIE WEST, FL 34986

TITLE ☐ Change ☐ Addition
NAME 700060900737
STREET ADDRESS 10/25/05--01005--005 **\$50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME WOISCHKE, DEBORAH
STREET ADDRESS 565 SW ROMORA BAY-LAKE CHARLES
CITY-ST-ZIP ST. LUCIE WEST, FL 34986

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT 2005
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10-12-2005 772-336-4489