2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L03000003351

Entity Name: TGG ASSET MANAGEMENT, LLC

Current Principal Place of Business:

3630 W KENNEDY BLVD
TAMPA, FL 33609

New Principal Place of Business:

28059 U.S. HWY. 19 NORTH
302
CLEARWATER, FL 33761

Current Mailing Address:

3630 W KENNEDY BLVD
330
TAMPA, FL 33609

New Mailing Address:

28059 U.S. HWY. 19 NORTH
302
CLEARWATER, FL 33761

FEI Number: 65-1194399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

GENTILE, MICHAEL L
3630 W KENNEDY BLVD
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

GENTILE, MICHAEL L
28059 U.S. HWY 19. NO.
302
CLEARWATER, FL 33761 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: MICHAEL L. GENTILE 03/25/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: THE GENTILE GROUP, L, LC
Address: 3630 W KENNEDY BLVD
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THE GENTILE GROUP, L, LC
Address: 28059 U. S. HWY 19 NO. STE. 302
City-St-Zip: CLEARWATER, FL 33761

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: MICHAEL L. GENTILE REGA 03/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date