

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000033846

**FILED**  
**Dec 17, 2008**  
**Secretary of State**

**Entity Name:** TMI GROUP, LLC.

**Current Principal Place of Business:**

101 LAKE HAYES RD, SUITE 105  
OVIEDO, FL 32765

**New Principal Place of Business:**

2502 S. SEMORAN BLVD  
ORLANDO, FL 32822

**Current Mailing Address:**

150 W 11TH ST  
OVIEDO, FL 32766.

**New Mailing Address:**

2502 S. SEMORAN BLVD  
ORLANDO, FL 32822

**FEI Number:** 86-1088536      **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:**

POSSO, GUIDERMAN  
150 W 11TH STREET  
CHULUOTA, FL 32820      US

**Name and Address of New Registered Agent:**

POSSO, GUIDERMAN  
2502 S. SEMORAN BLVD  
ORLANDO, FL 32822      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: GUIDERMAN POSSO

12/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: POSSO, GUIDERMAN  
Address: 150 W. 11TH STREET  
City-St-Zip: OVIEDO, FL 32766

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: POSSO, GUIDERMAN  
Address: 2502 S. SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32822

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: GUIDERMAN POSSO

MGR

12/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date