



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 18 AM 10:12

<b>DOCUMENT # L03000052205</b> 1. Entity Name T&L SOD, LLC					
Principal Place of Business 210 POINCIANA CIRCLE KISSIMMEE, FL 34744 US			Mailing Address 210 POINCIANA CIRCLE KISSIMMEE, FL 34744 US		
2. Principal Place of Business 3464 O'Berry Road Suite, Apt. #, etc.		3. Mailing Address 3464 O'Berry Road Suite, Apt. #, etc.			
City & State Kissimmee FL		City & State Kissimmee FL		10132006 REIN-LLC CR2E101 (11/05)	
4. FEI Number 20-0595758		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  TUCKER, CHAD H 210 POINCIANA CIRCLE KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name: Tucker, Chad H. Street Address (P.O. Box Number is Not Acceptable): 3464 O'Berry Road City: Kissimmee FL Zip Code: 34746			
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: <u>Chad H. Tucker</u> Managing Member 10/13/06 <small>Signature, typed or printed name of registered agent and the individual (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUCKER, CHAD 210 POINCIANA CIRCLE KISSIMMEE, FL 34744	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tucker, Chad 3464 O'Berry Road Kissimmee FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUCKER, CLARK J 3464 O'BERRY RD KISSIMMEE, FL 34746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400080965924 10/18/06--01055--003 **\$0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Chad H. Tucker</u> Managing Member 10/13/06 407-908-6989 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					