

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L0400001 729

1. Entity Name  
TOMEN INTERNATIONAL, LLC

REINSTATEMENT 2005-2006



06 FEB 15 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/15/06

Principal Place of Business  
1600 COUNTY HIGHWAY 192  
DEFUNIAK SPRINGS, FL 32433 US

Mailing Address  
1600 COUNTY HIGHWAY 192  
DEFUNIAK SPRINGS, FL 32433 US

2. Principal Place of Business  
3590 US HWY 331S

3. Mailing Address  
3590 US HWY 331S

Suite, Apt. #, etc.  
SUITE 103

Suite, Apt. #, etc.  
SUITE 103

City & State  
DEFUNIAK SPRINGS, FL

City & State  
DEFUNIAK SPRINGS, FL

Zip  
32435

Country  
WALTON

Zip  
32435

Country  
WALTON

01052006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
20-0739718

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MORENO, FRANK  
1600 COUNTY HIGHWAY 192  
DEFUNIAK SPRINGS, FL 32433

## 7. Name and Address of New Registered Agent

Name  
KITAPCI, MEHMET, CEM  
Street Address (P.O. Box Number is Not Acceptable)  
6158 CLARK CENTER AV.  
City  
SARASOTA FL Zip Code  
34238

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

*Cem Kitapci*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/18/2006

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MORENO, FRANK  
1600 COUNTY HIGHWAY 192  
DEFUNIAK SPRINGS, FL 32433 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KITAPCI, MEHMET, CEM  
1600 COUNTY HIGHWAY 192  
DEFUNIAK SPRINGS, FL 32433 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
2005  
REINSTATEMENT 2006

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MORENO, FRANK  
93 EAST ORANGE AVE  
DEFUNIAK SPRINGS, FL 32433 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KITAPCI, MEHMET, CEM  
6158 CLARK CENTER AVE  
SARASOTA, FL 34238 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LOCKEYER, CLAIRE  
4579 KNIGHTS BRIDGE CIRCLE  
SARASOTA, FL 34238 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400062496804  
02/15/06--01003--003 \*\*175.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400062496804  
12/30/05--01035--015 \*\*25.00 ☐ Change ☐ Addition

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

*Frank Moreno*

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

01/18/2006

Date

850-892-4020

Daytime Phone #