

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000045042

Entity Name: T.L.M BUILDERS & DESIGN, LLC

FILED
Sep 21, 2005
Secretary of State

Current Principal Place of Business:

424 E. CENTRAL BLVD
343
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

424 E. CENTRAL BLVD
343
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 20-1250377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

MANGIARDI, TINA
424 E. CENTRAL BLVD
343
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: TINA MANGIARDI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MANGIARDI, TINA
Address: 424 E. CENTRAL BLVD , # 343
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM () Delete
Name: KHANJAHANBAKSH, AHMED R
Address: 424 E. CENTRAL BLVD #343
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KHANJAHANBAKSH, AHMED R
Address: 424 E. CENTRAL BLVD #343
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AHMED KHANJAHANBAKSH

MGRM

09/21/2005

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