

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000073984

FILED  
Sep 26, 2007  
Secretary of State

**Entity Name:** T.W.C.MARKETING SYSTEMS, LLC

**Current Principal Place of Business:**

1540 SW 48TH TERRACE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

459 AQUATIC DR.  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

60 ELMWOOD NORTH  
ELGIN, SC 29045

**New Mailing Address:**

115 CUMBERLAND DR  
LEXINGTON, SC 29072

FEI Number: 37-1499170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PHOENIX, CHARLES PT ESQ.  
12800 UNIVERSITY DRIVE, SUITE 260  
SUITE 112  
FORT MYERS, FL 33907 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: CHARLES PT PHONIX

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHRIVER, DARLENE  
Address: 60 ELMWOOD NORTH  
City-St-Zip: ELGIN, SC 29045

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHRIVER, DARLENE  
Address: 115 CUMBERLAND DR.  
City-St-Zip: LEXINGTON, SC 29072

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: DARLENE SHRIVER

MISS

09/26/2007

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