

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000078010

FILED
Mar 10, 2008
Secretary of State

Entity Name: TULEY CAPITAL MANAGEMENT, LLC

Current Principal Place of Business:

23448 GRACEWOOD CIRCLE
LAND O' LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

2630 BILLINGHAM DR.
LAND O' LAKES, FL 34639

New Mailing Address:

23448 GRACEWOOD CIRCLE
LAND O' LAKES, FL 34639

FEI Number: 51-0528139 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:

Name and Address of New Registered Agent:

TULEY, W. ERIC
23448 GRACEWOOD CIRCLE
LAND O' LAKES, FL 34639 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: W. ERIC TULEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TULEY, W. ERIC
Address: 23448 GRACEWOOD CIRCLE
City-St-Zip: LAND O' LAKES, FL 34639

Title: MGRM () Delete
Name: TULEY, CINDY N
Address: 23448 GRACEWOOD CIRCLE
City-St-Zip: LAND O' LAKES, FL 34639

ADDITIONS/CHANGES:

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

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

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: W. ERIC TULEY

CEO

03/10/2008

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