

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000088523

Entity Name: TAL ENTERPRISES, LLC

FILED
Oct 24, 2008
Secretary of State

Current Principal Place of Business:

1505 SW 28TH TERRACE
CAPE CORAL, FL 33914

New Principal Place of Business:

223 SANTA MONICA CT
CAPE CORAL, FL 33904

Current Mailing Address:

1505 SW 28TH TERRACE
CAPE CORAL, FL 33914

New Mailing Address:

223 SANTA MONICA CT
CAPE CORAL, FL 33904

FEI Number: 20-1987046 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:

LEEGER, ANTHONY JR.
223 SANTA MONICA BLVD.
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

LEEGER, ANTHONY JR.
223 SANTA MONICA CT
CAPE CORAL, FL 33904 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: ANTHONY LEEGER JR

10/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEEGER, ANTHONY J JR.
Address: 5807 STAYSAIL CT
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEEGER, ANTHONY J JR.
Address: 223 SANTA MONICA CT
City-St-Zip: CAPE CORAL, FL 33904

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: ANTHONY LEEGER JR

MR

10/24/2008

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