

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 JUN -6 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000002269			
1. Entity Name T.N.C., LLC			
Principal Place of Business 4745 CANAL AVE BUNNELL, FL 32110		Mailing Address 4745 CANAL AVE BUNNELL, FL 32110	
2. Principal Place of Business - No P.O. Box # 5544 Cypress Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 1477 Suite, Apt. #, etc.	
City & State Bunnell FL		City & State Bunnell FL	
Zip 32110	Country U.S.A	Zip 32110	Country U.S.A
6. Name and Address of Current Registered Agent JOHNSTON, MELINDA S 4745 CANAL AVE BUNNELL, FL 32110		7. Name and Address of New Registered Agent Name Melissa S. Rahme Street Address (P.O. Box Number is Not Acceptable) 5544 Cypress Ave City Bunnell FL Zip Code 32110	
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 <u>Melissa S. Rahme</u> <u>Melissa S. Rahme</u> DATE <u>05/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAHME, GARY R JR 4745 CANAL AVE BUNNELL, FL 32110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAHME, Gary R JR 5544 Cypress Ave Bunnell FL 32110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Gary R Rahme Jr</u>		Date: <u>5/30/07</u> Daytime Phone # <u>386-566-0017</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

REINSTATEMENT

300104254753
06/12/07--01008--017 **50.00

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