

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000007112

FILED
Feb 12, 2007
Secretary of State

Entity Name: T & M ALL ABOUT LIGHTS & FANS LLC

Current Principal Place of Business:

3909 RESERVE DR., APT 1313
TALLAHASSEE, FL 32311

New Principal Place of Business:

2252 HOLLY TERRACE LN
TALLAHASSEE, FL 32309

Current Mailing Address:

3909 RESERVE DR., APT 1313
TALLAHASSEE, FL 32311

New Mailing Address:

2252 HOLLY TERRACE LN
TALLAHASSEE, FL 32309

FEI Number: 54-2181597 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

MEEKS, TIMMY
3909 RESERVE DR., APT 1313
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

MEEKS, TIMMY
2252 HOLLY TERRACE LN
TALLAHASSEE, FL 32309 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: TIMMY MEEKS

02/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEEKS, TIMMY
Address: 3909 RESERVE DR., APT 1313
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEEKS, TIMMY
Address: 2252 HOLLY TERRACE LN
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMMY MEEKS

MGRM

02/12/2007

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