

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

EPDVNF OUI\$ L05000021063

2/ Entity Name
TMD MANAGEMENT LLC



FILED

07 OCT 22 PH 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5724 VOWSTLIESVPS 555
DPSEMITOS-H-QM44178

Mailing Address
5724 VOWSTLIESVPS 555
DPSEMITOS-H-QM44178



10162007 SF.D.MD D83F212)2018*

3/ Principal Place of Business - No P.O. Box #

4/ Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5/ FEI Number
NOT APPLICABLE

Applied For
Not Applicable

6/ Certificate of Status Desired ☐

%6/11 Beejupbm
Cf f f r v j f e

7/ Obn f lboefBeesf t t lpgDvasf ouSf hjt u f e lBhf ou

8/ Obn f lboefBeesf t t lpgCf x lSt hjt u f e lBhf ou

DUROW, LISA
4813 UNIVERSITY DRIVE #444
CORAL SPRINGS, FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

9/ 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

Lisa D

Signature, typed or printed name of registered agent and title if applicable.

JOPUF: lSt hjt u f e lBhf ouf jhoeb f l f r v j f e l f o l f o t u b j o h *

10-15-07

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Nbif d l f d l qbzbof up
Gpsgeb Ef qbun f oupgTubf

MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DUROW, LISA
STREET ADDRESS 4813 UNIVERSITY DRIVE #444
CITY-ST-ZIP CORAL SPRINGS, FL 33067

☐ Delete

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

800111082883
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☐ Change ☐ Addition

22/ 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
TJHOBUVSF: *Lisa D*

10-15-07

TJHOBUVSF BOE UZOF PS CSJOF E OBN F PUT HOBN N BOBHCH NFNCFS-NBOHFS-IPSIBVU PSJ FEISFCSTFOUBUMF

Date

Daytime Phone #

REINSTATEMENT