

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000024388

**FILED**  
**Sep 28, 2007**  
**Secretary of State**

**Entity Name:** TB HOME SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

7115 COLONY POINTE DRIVE  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

13887 GAVIN RD  
DOVER, FL 33527

**Current Mailing Address:**

7115 COLONY POINTE DRIVE  
RIVERVIEW, FL 33569

**New Mailing Address:**

13887 GAVIN RD.  
DOVER, FL 33527

**FEI Number:** 36-4570696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADKINS, DONALD JR  
7115 COLONY POINTE DRIVE  
RIVERVIEW, FL 33569 US

**Name and Address of New Registered Agent:**

ADKINS, DONALD L JR  
13887 GAVIN RD  
DOVER, FL 33527 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: DONALD L ADKINS JR

09/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ADKINS, DONALD JR  
Address: 7115 COLONY POINTE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ADKINS, DONALD L JR  
Address: 13887 GAVIN RD  
City-St-Zip: DOVER, FL 33527

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: DONALD L ADKINS JR

MGM

09/28/2007

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