

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000047547

**FILED**  
**Jan 23, 2013**  
**Secretary of State**

**Entity Name:** TEW PROPERTY LLC

**Current Principal Place of Business:**

39051 WILDS RD  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 25  
DADE CITY, FL 33526 US

**New Mailing Address:**

**FEI Number:** 57-1240150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TEW, ROBERT E  
39051 WILDS RD  
DADE CITY, FL 33525 US

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

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:** ROBERT E TEW

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** TEW, ROBERT E  
**Address:** 39051 WILDS RD  
**City-St-Zip:** DADE CITY, FL 33525

**Title:** MGRM  
**Name:** TEW, SYLVIA M  
**Address:** 39051 WILDS RD  
**City-St-Zip:** DADE CITY, FL 33525

I hereby 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:** ROBERT E TEW

MGRM

01/23/2013

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