

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000049932

Entity Name: TONYA ZIMMERN, LLC

FILED  
Oct 04, 2008  
Secretary of State

## Current Principal Place of Business:

1016 AIRPORT ROAD  
SUITE 3  
DESTIN, FL 32541 US

## New Principal Place of Business:

6293 AUGUSTA COVE  
DESTIN, FL 32541 US

## Current Mailing Address:

P. O. BOX 6066  
DESTIN, FL 32550 US

## New Mailing Address:

6293 AUGUSTA COVE  
DESTIN, FL 32541 US

FEI Number: 20-2985088      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:

ZIMMERN, TONYA  
1016 AIRPORT ROAD  
SUITE 3  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

ZIMMERN NASH, TONYA  
6293 AUGUSTA COVE  
SUITE 3  
DESTIN, FL 32541 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: TONYA ZIMMERN NASH

10/04/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ZIMMERN, TONYA  
Address: P. O. BOX 6066  
City-St-Zip: DESTIN, FL 32550 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ZIMMERN, TONYA  
Address: 6293 AUGUSTA COVE  
City-St-Zip: DESTIN, FL 32541 US

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: TONYA ZIMMERN NASH

MGRM

10/04/2008

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