


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000052779		
1. Entity Name T.A.P., LLC		

Principal Place of Business 2711 VISTA PARKWAY NORTH UNIT B-13 WEST PALM BEACH, FL 33411 US	Mailing Address 2711 VISTA PARKWAY NORTH UNIT B-13 WEST PALM BEACH, FL 33411 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. Name and Address of Current Registered Agent MCLAUGHLIN, GREGORY A ESQ. 2711 VISTA PKWY NORTH, UNIT B-13 WEST PALM BEACH, FL 33411	
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4. FEI Number 20-2917180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent	
Name William J. Brown	
Street Address (P.O. Box Number is Not Acceptable) 2711 Vista Parkway North	
Unit B-13	
City West Palm Beach	FL Zip Code 33411

8. 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 the registered agent.		
SIGNATURE <i>William J. Brown</i>	<i>william J. Brown</i>	DATE 12/23/08

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, WILLIAM J 2711 VISTA PARKWAY NORTH, UNIT B-13 WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700139356257 12/30/08--01035--012 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, CURTIS 2711 VISTA PARKWAY NORTH, UNIT B-13 WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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: <i>William J. Brown</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<i>william J. Brown</i> 12/23/08 Date Daytime Phone # 561-686-9072

FILED
08 DEC 30 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

