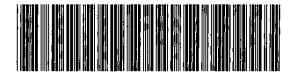
L05000088529

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

TIED

October 24, 2007

JULIE CROWDER 1090 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714

SUBJECT: TMR ACQUISITIONS, LLC

Ref. Number: L05000088529

We have received your document for TMR ACQUISITIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 407A00062522

COVER LETTER

TO: Amendment Section Division of Corporat	ions		
SUBJECT: TMR ACQUI		Corporation)	-
DOCUMENT NUMBER:_	L05000088529		
		e/Agent and fee are submitted for f	- filing
Please return all corresponde		~	
1 10000 Total II all collesponde	nee concerning and matte.	to the following.	
JULIE CI	ROWDER	=	1.0 - =
		intact Person)	
TMR AC	QUISITIONS, LLC	3	NOV -2 P CRETARY OF CAHASSEE, F
	(Firm/Co	ompany)	門等って
1090 KEN	ISINGTON PARK DR	IVE Iress)	2001 NOV -2 P 4: 45 SECRETARY OF STATE SECRETARY OF STATE
	(Add	11655)	7
ALTAMON	NTE SPRINGS, FL 327	r14 nd Zip Code)	_
For further information conce	` ,	•	
For further information conce	anning this matter, please t	can.	
JULIE CROWDER		at (407) 637-8601 (Area Code & Daytime Tele	
(Name of Cor	itact Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a \$35.00 check m	ade payable to the Depart	tment of State.	
Divi P.O.	ing Address: endment Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address: Amendment Section Division of Corporation Clifton Building 2661 Executive Center	
		Tallahassee, FL 32301	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: TMR ACQUISITIONS LLC				
2. The mailing address of the limited liability company is: 1090 Kensington				
Park Drive, Altamonte Springs FL 32714				
09/02/05				
3. Date of filing/registration in Florida 4. Document number				
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:				
Holand, E. Michael				
115 W. Pine Ave. Address				
Longwood FL 32750 City, State and Zip				
6. The name and address of the new registered agent and/or office:				
Holland, E. Michael Fish 5				
Florida street address (P.O. Box NOT acceptable)				
Altomoute Soring FL 32714 City, State and Zip				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
(Signature of a member or authorized representative of a member)				
•				

E. Michael Holland, RA/MGRM (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00