

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000105380

Entity Name: KTSOTUMF, LLC

**FILED**  
**Sep 05, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

2907 BAY TO BAY BOULEVARD  
SUITE 212  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

701 S HOWARD AVE STE 106 BOX 499  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 26-3296369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

MCGINTY, A. EDWARD  
SHUMAKER LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602 US

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

MCNAMARA, THOMAS P  
MCNAMARA & CARVER, P.A.  
2907 BAY TO BAY BLVD., STE. 201  
TAMPA, FL 33629 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: THOMAS P. MCNAMARA

09/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ABELES, BRIAN  
Address: 2907 BAY TO BAY BOULEVARD, SUITE 212  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRIAN ABELES

MGR

09/05/2008

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