

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000004131

Entity Name: TOM KRYGOWSKI LLC

**FILED**  
**Dec 08, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

97575 PIRATES POINT RD.  
YULEE, FL 32097 US

**New Principal Place of Business:**

**Current Mailing Address:**

97575 PIRATES POINT RD.  
YULEE, FL 32097 US

**New Mailing Address:**

FEI Number: 26-2796911      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:**

KRYGOWSKI, THOMAS R  
97575 PIRATES POINT RD.  
YULEE, FL 32097 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: THOMAS R KRYGOWSKI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KRYGOWSKI, THOMAS R  
Address: 97575 PIRATES POINT RD.  
City-St-Zip: YULEE, FL 32097 US

Title: MGRM ( ) Delete  
Name: KRYGOWSKI, JEFFREY C  
Address: 97575 PIRATES POINT RD.  
City-St-Zip: YULEE, FL 32097

**ADDITIONS/CHANGES:**

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

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: JEFFREY C KRYGOWSKI

MGRM

12/08/2008

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