

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000005386

Entity Name: T C INVESTMENTS L.L.C.

**FILED**  
**Nov 24, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

4207 SOUTH DALE MABRY HIGHWAY  
SUITE 4306  
TAMPA, FL 33611

**New Principal Place of Business:**

5700 MEMORIAL HWY  
SUITE 207  
TAMPA, FL 33615

**Current Mailing Address:**

4207 SOUTH DALE MABRY HIGHWAY  
SUITE 4306  
TAMPA, FL 33611

**New Mailing Address:**

P.O. BOX 20381  
TAMPA, FL 33622

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

KOLB, MAURICE  
4207 SOUTH DALE MABRY HIGHWAY  
TAMPA, FL 33611 US

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

KOLB, MAURICE  
5700 MEMORIAL HWY  
SUITE 207  
TAMPA, FL 33615 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: MAURICE KOLB

11/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KOLB, MAURICE  
Address: 4207 SOUTH DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 33611

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KOLB, MAURICE  
Address: 5700 MEMORIAL HWY  
City-St-Zip: TAMPA, FL 33615

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: MAURICE KOLB

D

11/24/2007

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