

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000059611

**FILED**  
**Sep 18, 2007**  
**Secretary of State**

**Entity Name:** TAMPA BAY DREAM CARS, LLC

**Current Principal Place of Business:**

2803 ORIENT ROAD  
TAMPA, FL 33619

**New Principal Place of Business:**

2803 ORIENT ROAD  
TAMPA, FL 33619 US

**Current Mailing Address:**

2803 ORIENT ROAD  
TAMPA, FL 33619

**New Mailing Address:**

3105 W KNIGHTS AVE  
TAMPA, FL 33611 US

FEI Number: 20-5040189      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:**

COOK, RODGER B  
3105 KNIGHTS AVENUE  
TAMPA, FL 33611 US

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

COOK, RODGER B  
3105 W KNIGHTS AVENUE  
TAMPA, FL 33611 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: RODGER B. COOK

09/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COOK, RODGER B  
Address: 3105 KNIGHTS AVENUE  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COOK, RODGER B  
Address: 3105 W KNIGHTS AVENUE  
City-St-Zip: TAMPA, FL 33611 US

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: RODGER B. COOK

MGR

09/18/2007

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