

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000073540

1. Entity Name
TIT-4-TAT, LLC



SEC. 608
DIVISION

07 OCT 16 PM 3:43

Principal Place of Business
2304 W. FAIRFIELD DRIVE
PENSACOLA, FL 32505-5136

Mailing Address
2304 W. FAIRFIELD DRIVE
PENSACOLA, FL 32505-5136

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10042007 REIN-LLC CR2E101 (1/07)



4. FEI Number
20-5221579

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMITT, LEONARD
3800 WHISPERING PINES DRIVE
PENSACOLA, FL 32504-7543

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS SCHMITT, LEONARD
CITY-ST-ZIP 3800 WHISPERING PINES DRIVE
PENSACOLA, FL 325047543 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400110801834
10/10/07--01043--012 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/04/07

850 432-0442