

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000074920

Entity Name: TDI, LLC

**FILED**  
**Oct 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10986 WOOD EDEN COURT  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

6817 SOUTHPOINT PARKWAY  
SUITE #702  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

10986 WOOD EDEN COURT  
JACKSONVILLE, FL 32256

**New Mailing Address:**

6817 SOUTHPOINT PARKWAY  
SUITE #702  
JACKSONVILLE, FL 32216

FEI Number: 20-8824655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TURSONOFF, TIM  
10986 WOOD EDEN COURT  
JACKSONVILLE, FL 32256 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: TIM TURSONOFF

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TURSONOFF, TIM  
Address: 10986 WOOD EDEN COURT  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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: TIM TURSONOFF

MM

10/06/2010

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