

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Sep 27, 2007  
Secretary of State**

DOCUMENT# L06000109069

Entity Name: TB RESOURCES LLC

**Current Principal Place of Business:**

2167 5TH AVE. NORTH  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

2167 5TH AVE. NORTH  
ST. PETERSBURG, FL 33713

**New Mailing Address:**

FEI Number: 22-3946078      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

KNAUST, WARREN J  
2167 5TH AVE. NORTH  
ST. PETERSBURG, FL 33713      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: WARREN J. KNAUST

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PASHLEY, WARREN J  
Address: 34342 MISSION VALLEY DR.  
City-St-Zip: DADE CITY, FL 33525

Title: MGRM ( ) Delete  
Name: MACONI, MARK  
Address: 31111 US 19 N.  
City-St-Zip: CLEARWATER, FL 34684

**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: WARREN J. PASHLEY

MGRM

09/27/2007

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