

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000007576

FILED
Oct 09, 2009
Secretary of State

Entity Name: TFW LLC

Current Principal Place of Business:

2223 N WESTSHORE BLVD, STE 254A
TAMPA, FL 33607

New Principal Place of Business:

459 BRANDON TOWN CENTER
#311
TAMPA, FL 33511

Current Mailing Address:

364 EHRLICH RD, 152
TAMPA, FL 33924

New Mailing Address:

5364 EHRLICH RD.
#152
TAMPA, FL 33624

FEI Number: 20-8225143 **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:

HARRIS, ISHAM A
5364 EHRLICH ROAD #152
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

HARRIS, ISHAM A
5364 EHRLICH ROAD
#152
TAMPA, FL 33624 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: ISHAM A HARRIS

10/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARRIS, ISHAM A
Address: 5364 EHRLICH ROAD #152
City-St-Zip: TAMPA, FL 33624

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: HARRIS, NICOLE E
Address: 5364 EHRLICH RD. #152
City-St-Zip: TAMA, FL 33624

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: ISHAM A HARRIS

MGM

10/09/2009

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