

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000013148

Entity Name: TS & COMPANY LLC

FILED  
Oct 05, 2009  
Secretary of State

**Current Principal Place of Business:**

5805 NW 37TH STREET  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

5805 NW 37TH STREET  
GAINESVILLE, FL 32653

**New Mailing Address:**

FEI Number: 68-0644159      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:**

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

JONES, TERRY D DR.  
5805 NW 37TH STREET  
GAINESVILLE, FL 32653      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: DR. TERRY D. JONES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JONES, SYLVIA R  
Address: 5805 NW 37TH STREET  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: MGRM ( ) Delete  
Name: JONES, TERRY D DR.  
Address: 5805 NW 37TH STREET  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: MGR ( ) Delete  
Name: SAPP, MARVIN W  
Address: 5805 NW 37TH STREET  
City-St-Zip: GAINESVILLE, FL 32653 US

**ADDITIONS/CHANGES:**

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

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: DR. TERRY D. JONES

MGRM

10/05/2009

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