

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000066430

Entity Name: TOM'S SPECIALTIES LLC

**FILED**  
**Nov 14, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

40145 ALBRITTON RD  
DUETTE, FL 33834

**New Principal Place of Business:**

**Current Mailing Address:**

40145 ALBRITTON RD  
DUETTE, FL 33834

**New Mailing Address:**

FEI Number: 26-0424110      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:**

PERRY, THOMAS A  
40145 ALBRITTON RD  
DUETTE, FL 33834      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: THOMAS A PERRY

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PERRY, THOMAS A  
Address: 40145 ALBRITTON RD  
City-St-Zip: DUETTE, FL 33834

**ADDITIONS/CHANGES:**

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: THOMAS A PERRY

MGRM

11/14/2008

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