## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L07000096671

Entity Name: TCKM LLC

FILED Oct 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8320 US HWY, 301 N. #4 8328 US HWY, 301 N. PARRISH, FL 34219 PARRISH, FL 34219

Current Mailing Address: New Mailing Address:

8320 US HWY. 301 N. #4 8328 US HWY. 301 N. PARRISH, FL 34219 PARRISH, FL 34219

FEI Number: 45-0574231 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:

HALL, TIMOTHY
8320 US HWY. 301 N. #4
8328 US HWY. 301 N.
PARRISH, FL 34219 US
PARRISH, FL 34219 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: TIMOTHY HALL 10/26/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HALL, TIMOTHY
 Name:

 Address:
 6427 91 ST. AVE E
 Address:

 City-St-Zip:
 PARRISH, FL 34219
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HALL, CINDY
 Name:

 Address:
 6427 91 ST. AVE E
 Address:

 City-St-Zip:
 PARRISH, FL 34219
 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: CINDY HALL MGRM 10/26/2008