

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000110069

FILED
Jan 15, 2009
Secretary of State

Entity Name: TRANSATLANTIC CAPITAL MANAGEMENT L.L.C.

Current Principal Place of Business:

621 LYONS RD.
9103
COCONUT CREEK, FL 33063 US

New Principal Place of Business:

5961 NW 2ND AVE
407
BOCA RATON, FL 33487 US

Current Mailing Address:

621 LYONS RD
9103
COCONUT CREEK, FL 33063 US

New Mailing Address:

5961 NW 2ND AVE
407
BOCA RATON, FL 33487 US

FEI Number: 74-3237847 **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:

VALLEE, MICHAEL J
621 LYONS RD.
9103
COCONUT CREEK, FL 33063 US

Name and Address of New Registered Agent:

VALLEE, MICHAEL J
5961 NW 2ND AVE
407
BOCA RATON, FL 33487 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: MICHAEL J. VALLEE

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VALLEE, MICHAEL J
Address: 621 LYONS RD. #9103
City-St-Zip: COCONUT CREEK, FL 33063 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VALLEE, MICHAEL J
Address: 5961 NW 2ND AVE SUITE 407
City-St-Zip: BOCA RATON, FL 33487 US

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: MICHAEL J. VALLEE

MGR

01/15/2009

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