

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000113523

**FILED**  
**Jul 07, 2009**  
**Secretary of State**

**Entity Name:** TDMC, L.L.C.

**Current Principal Place of Business:**

391 COPPERFIELD COURT  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

391 COPPERFIELD COURT  
MARCO ISLAND, FL 34145

**New Mailing Address:**

195 S. ROSEMONT RD  
STE 101  
VIRGINIA BEACH, VA 23452

**FEI Number:** 26-1562244      **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:**

WEBSTER, RONALD S  
979 NORTH COLLIER BOULEVARD  
MARCO ISLAND, FL 34145 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:** RONALD WEBSTER

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** SMITH, STEPHEN C  
**Address:** 391 COPPERFIELD COURT  
**City-St-Zip:** MARCO ISLAND, FL 34145

**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:** STEPHEN C. SMITH

MR

07/07/2009

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