2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 05, 2009
Secretary of State

DOCUMENT# L07000119400

Entity Name: TAB TRYON LLC

Current Principal Place of Business:

3782 WARRIOR AVENUE
NORTH PORT, FL 34286 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 7044
NORTH PORT, FL 34290 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

TRYON, TAB
3782 WARRIOR AVENUE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

TRYON, TAB T
3782 WARRIOR AVENUE
NORTH PORT, FL 34286 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: TAB T TRYON 11/05/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TRYON, TAB
Address: 3782 WARRIOR AVENUE
City-St-Zip: NORTH PORT, FL 34286 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TRYON, TAB T
Address: 3782 WARRIOR AVENUE
City-St-Zip: NORTH PORT, FL 34286 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: TAB T TRYON MGRM 11/05/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date