## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L08000009958

Entity Name: TBM PARTNERS LLC

848 WEST ELKCAM CIRCLE, UNIT 306

MARCO ISLAND, FL 34145

Address:

City-St-Zip:

FILED Oct 19, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 848 WEST ELKCAM CIRCLE, UNIT 306 MARCO ISLAND, FL 34145 **Current Mailing Address: New Mailing Address:** 848 WEST ELKCAM CIRCLE, UNIT 306 MARCO ISLAND, FL 34145 FEI Number: 26-1860131 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: CAPITAL CONNECTION, INC. CLOUDMAN, TIMOTHY K MGRM 417 E. VIRGINIA ST. 848 WEST ELKCAM CIRCLE STE. 1 APT.#306 TALLAHASSEE, FL 323011283 US MARC ISLAND, FL 34145 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 K CLOUDMAN 10/19/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CLOUDMAN, TIMOTHY K Name: Name: Address: 848 WEST ELKCAM CIRCLE, UNIT 306 Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MCMULLIN, SCOTT G Name: Address: 848 WEST ELKCAM CIRCLE, UNIT 306 Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ANDERSON, MARY C Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: TIMOTHY K CLOUDMAN MGRM 10/19/2009