

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000045649

Entity Name: TOCKOR LLC

**FILED**  
**Oct 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

14809 FALLING WATERS DR  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

116 BARTRAM OAKS WALK  
101  
ST JOHNS, FL 32259 US

**Current Mailing Address:**

14809 FALLING WATERS DR  
JACKSONVILLE, FL 32258 US

**New Mailing Address:**

PO BOX 600847  
JACKSONVILLE, FL 32260 US

FEI Number: 27-0212186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KORN, PHILIP  
14809 FALLING WATERS DR  
JACKSONVILLE, FL 32258 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: PHIL KORN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KORN, PHILIP  
Address: 14809 FALLING WATERS DR  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: MGRM  
Name: TOCCO, VINCENT  
Address: 14809 FALLING WATERS DR  
City-St-Zip: JACKSONVILLE, FL 32258 US

I hereby 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: PHIL KORN

MGRM

10/06/2010

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