

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000112650

Entity Name: TIMIN LLC

**FILED**  
**Aug 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

536 N.W. SPRING HOLLOW BLVD  
LAKE CITY, FL 32055 US

**New Principal Place of Business:**

19205 COUNTY ROAD 49  
O BRIEN, FL 32071 US

**Current Mailing Address:**

536 N.W. SPRING HOLLOW BLVD  
LAKE CITY, FL 32055 US

**New Mailing Address:**

19205 COUNTY ROAD 49  
O BRIEN, FL 32071 US

FEI Number: 27-1372856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

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

ALTMAN, TIMOTHY A  
489 NW SPRING HOLLOW BLVD  
LAKE CITY, FL 32055 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 ALTMAN

08/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STURROCK, TIMOTHY  
Address: 536 N.W. SPRING HOLLOW BLVD  
City-St-Zip: LAKE CITY, FL 32055 US

Title: MGRM  
Name: ALTMAN, TIMOTHY  
Address: 489 NW SPRING HOLLOW BLVD.  
City-St-Zip: LAKE CITY, FL 32055 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: TIMOTHY ALTMAN

MGRM

08/25/2011

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