

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000113251

**Entity Name:** TRUE EMOTIONS, LLC

**FILED**  
**Nov 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

229 BATEMAN AVE  
FRANKLIN, TN 37067

**New Principal Place of Business:**

1613 FLANDERS CT  
FRANKLIN, TN 37067

**Current Mailing Address:**

229 BATEMAN AVE  
FRANKLIN, TN 37067

**New Mailing Address:**

167 WEDGE ST., PALMAS PLANTATION  
HUMACAO, PR 00791

**FEI Number:** 27-3848985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** DEBBIE SKIPPER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SILVA, CAESAR A  
**Address:** 167 WEDGE ST. PALMAS PLANTATION  
**City-St-Zip:** HUMACAO, PR 00791

**Title:** MGRM  
**Name:** SILVA, JANET  
**Address:** 167 WEDGE ST. PALMAS PLANTATION  
**City-St-Zip:** HUMACAO, PR 00791

**Title:** MGRM  
**Name:** GYURTSAK, GORIN  
**Address:** 1613 FLANDERS CT  
**City-St-Zip:** FRANKLIN, TN 37067

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:** CAESAR A SILVA

MR.

11/03/2010

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