

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000075582

**FILED**  
**Jul 16, 2013**  
**Secretary of State**

**Entity Name:** TRYMEDIA, LLC.

**Current Principal Place of Business:**

46 GULF BREEZE DR.  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

116 MAGNOLIA RIDGE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

46 GULF BREEZE DR.  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

116 MAGNOLIA RIDGE  
CRAWFORDVILLE, FL 32327

**FEI Number:** 27-5168665

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YATES, THOMAS  
46 GULF BREEZE DR.  
CRAWFORDVILLE, FL 32327 US

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

YATES, OLIVIA F  
116 MAGNOLIA RIDGE  
CRAWFORDVILLE, FL 32327 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: OLIVIA F. YATES

07/16/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: YATES, OLIVIA F  
Address: 116 MAGNOLIA RIDGE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: OLIVIA F. YATES

MGRM

07/16/2013

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