

**2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000086796

**FILED  
Oct 08, 2013  
Secretary of State**

**Entity Name:** TOMMY JAMES KOULOURIS LLC

**Current Principal Place of Business:**

530 HILL STREET  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

530 HILL STREET  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

KOULOURIS, TOMMY J  
515 ISLAND AVE  
TARPON SPRINGS, FL 34689    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: TOMMY J KOULOURIS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGR  
Name:                      KOULOURIS, TOMMY J  
Address:                      492 DENISE ST  
City-St-Zip:                      TARPON SPRINGS, FL 34689 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: TOMMY J KOULOURIS

MR

10/08/2013

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