

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000131758

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** ABOUT TIME MANAGEMENT, LLC

**Current Principal Place of Business:**

707 SAMMS AVENUE  
SUITE D  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

707 SAMMS AVENUE  
SUITE D  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

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

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

COX, DAVID F  
707 SAMMS AVENUE  
SUITE D  
PORT ORANGE, FL 32129 US

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

COX, DAVID J  
707 SAMMS AVENUE  
SUITE D  
PORT ORANGE, FL 32129 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: DAVID COX

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COX, DAVID F  
Address: 707 SAMMS AVENUE, SUITE D  
City-St-Zip: PORT ORANGE, FL 32129 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: DAVID COX

MGR

02/07/2012

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