

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000025682

**Entity Name:** T.C.S. OF JACKSONVILLE L.L.C.

**FILED**  
**Oct 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3645 CLARIDGE ROAD EAST  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

3645 CLARIDGE ROAD EAST  
JACKSONVILLE, FL 32250

**New Mailing Address:**

**FEI Number:** 26-0873762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRAHAN, SHANNON  
3645 CLARIDGE ROAD EAST  
JACKSONVILLE, FL 32250 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:** SHANNON TRAHAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** TRAHAN, SHANNON  
**Address:** 3645 CLARIDGE ROAD EAST  
**City-St-Zip:** JACKSONVILLE, FL 32250

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:** SHANNON TRAHAN

MGR

10/05/2012

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