

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000046967

**Entity Name:** TIM SLOAN, LLC

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

**Current Principal Place of Business:**

10803 NORTH FLORENCE AVE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

10803 NORTH FLORENCE AVE  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

SLOAN, TIM  
10803 NORTH FLORENCE AVE  
TAMPA, FL 33612 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: TIM SLOAN

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SLOAN, TIM  
Address: 10803 NORTH FLORENCE AVE  
City-St-Zip: TAMPA, FL 33612

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: TIM SLOAN

MGR

02/08/2013

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