

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000101495

Entity Name: TOM HEWSON LLC

**FILED**  
**Oct 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7001 NORTON AVENUE  
7  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

146 SW CABANA POINT CIRCLE  
4  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 45-3164780      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FULLER, KATHLEEN M  
146 SW CABANA POINT CIRCLE  
4  
STUART, FL 34994 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: KATHLEEN M FULLER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HEWSON, TOM  
Address: 146 SW CABANA POINT CIRCLE  
City-St-Zip: STUART, FL 34994

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: TOM HEWSON

MGR

10/08/2012

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