

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000020874

Entity Name: TABS 4 LLC

**FILED**  
**May 16, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

41 MARION RD  
WEST PARK, FL 33023

**New Principal Place of Business:**

43 MARION RD  
WEST PARK, FL 33023

**Current Mailing Address:**

41 MARION RD  
WEST PARK, FL 33023

**New Mailing Address:**

43 MARION RD  
WEST PARK, FL 33023

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIDDINGS, TARA I  
41 MARION RD  
WEST PARK, FL 33023 US

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

GIDDINGS, TARA I  
43 MARION RD  
WEST PARK, FL 33023 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: TARA I GIDDINGS

05/16/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: GIDDINGS, TARA I  
Address: 43 MARION RD  
City-St-Zip: WEST PARK, FL 33023

Title: MGRM  
Name: SOLLINGER, ANTHONY J  
Address: 43 MARION RD  
City-St-Zip: WEST PARK, FL 33023

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: TARA I GIDDINGS

MGRM

05/16/2014

Electronic Signature of Authorized Person

Date