## 2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L13000092087  1. Entity Name THAT T-SHIRT GUY, LLC					16 SEP 29 PM II: 38  SEM GOSSES TO TO TO			
Principal Place of Bu 563 MICCOSUKEE I TALLAHASSEE, FL	ROAD	Mailing Address 563 MICCOSUKEE ROAD TALLAHASSEE, FL 32308			, 18818			NUME I I E I UNI
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09292016	REIN-LLC	CR2E101 (12/11)	
City & State		City & State			4. FEI Numb	Dêr	——————————————————————————————————————	plied For t Applicable
Zip	Country	Zip	Country	у	5. Certificate of Status Desired   \$5.00 Additional Fee Required			
6.	Name and Address of Current I	Registered Agent Name		Name	7. Name and Address of New Registered Agent			
PENSON, ALBE 1435 EAST PIE TALLAHASSEE	DMONT DRIVE, SUITE 1				reet Address (P.O. Box Number is Not Acceptable)			
	1	City		City			FL Zip Code	,
8. 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. I am familiar with, and accept								
the obtigations of registered agent.  SIGNATURE  Signature. by di or printed name of registered agent and size if applicable. (NOTE: Registered Agent signature required when reinstating)  Date								
FILE NOW!!! FEE IS \$238.75 After January 1, 2017, Fee will be \$377.50							e check payable to Department of State	,
9.	MANAGING MEMBERS/MANAGERS 10.			1				
NAME SUL	MGR Delete SULLIVAN, SHANNON J 563 MICCOSUKEE ROAD		TITLE NAME STREET			29/160100	775143 6011 **23	9.75
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11. I hereby certify that the information supplied with this filing does not qualify of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 on powered to execute this report as required by Chapter 608, Florida Statutes								
SIGNATURE: 9/24/16								
BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE ONLY E-MAIL ADDRESS								