

# 2016 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L13000092087</b> 1. Entity Name <b>THAT T-SHIRT GUY, LLC</b>						16 SEP 29 PM 11:38  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 563 MICCOSUKEE ROAD TALLAHASSEE, FL 32308				Mailing Address 563 MICCOSUKEE ROAD TALLAHASSEE, FL 32308			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  PENSON, ALBERT C 1435 EAST PIEDMONT DRIVE, SUITE 101 TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 obligations of registered agent.  <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE _____  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: right;"> <b>9/29/16</b>  <small>DATE</small> </div> </div>							
<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2017, Fee will be \$377.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10.			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SULLIVAN, SHANNON J 563 MICCOSUKEE ROAD TALLAHASSEE, FL 32308			<div style="text-align: right;"> <b>300290776143</b>  <b>09/29/16--01008--011 **238.75</b> </div>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for 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 empowered to execute this report as required by Chapter 608, Florida Statutes.							
<b>SIGNATURE:</b> _____ <b>9/29/16</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS</small>							

REINSTATEMENT