

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L99000006245

**Entity Name:** TRYCORP, LLC

**FILED**  
**Sep 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2765 WEST THARPE STREET  
OFFICE  
TALLAHASSEE, FL 323033259 US

**New Principal Place of Business:**

**Current Mailing Address:**

2765 WEST THARPE ST  
OFFICE  
TALLAHASSEE, FL 323033259 US

**New Mailing Address:**

**FEI Number:** 59-3600425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARBIN, CRAIG M  
4252 SHERBORNE ROAD  
TALLAHASSEE, FL 32303 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: CRAIG M HARBIN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HARBIN, REBECCA G  
Address: 4252 SHERBORNE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM  
Name: HARBIN, CRAIG M  
Address: 4252 SHERBORNE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303 US

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: CRAIG M HARBIN

MR

09/08/2010

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