

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M02000002178

1. Entity Name  
TSE HOLDING COMPANY, LLC



FILED

2007 APR -5 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1963 HARD LABOR ROAD  
CHIPLEY, FL 32428

Mailing Address  
P.O. BOX 739  
CHIPLEY, FL 32428

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

04032007 REIN-LLC

CR2E101 (1/07)

4. FEI Number  
54-2064578

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

EVERETT, THEODORE S  
1963 HARD LABOR ROAD  
CHIPLEY, FL 32428

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 obligations of registered agent.

SIGNATURE

*Ted S. Everett*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/07

**FILE NOW!!! FEE IS \$200.00**

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME EVERETT, THEODORE  
STREET ADDRESS 1963 HARD LABOR ROAD  
CITY-ST-ZIP CHIPLEY, FL 32428

TITLE MGR ☐ Delete  
NAME EVERETT, JEAN W  
STREET ADDRESS 3037 BRANSFORD ROAD  
CITY-ST-ZIP AUGUSTA, GA 30909

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100096495661  
CITY-ST-ZIP 04/11/07--01033--019 \*\*200.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: *Ted S. Everett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

THEODORE S. EVERETT

Date

Daytime Phone #

4/3/07

REINSTATEMENT

06-07