
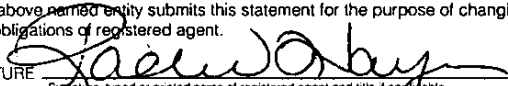
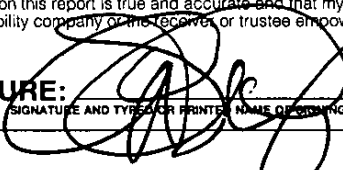


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # M03000004203 1. Entity Name MTSL HOLDINGS, LLC						2004 NOV 10 PM 1:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 1040 FOUNDER'S BOULEVARD, SUITE 100 ATHENS, GA 30606				Mailing Address 1040 FOUNDER'S BOULEVARD, SUITE 100 ATHENS, GA 30606					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country					
4. FEI Number NOT APPLICABLE				Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 agent, 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 style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> RACHEL T. HAYES ASSISTANT SECRETARY </div> <div style="width: 20%; text-align: right;"> DATE <u>11/8/2004</u> </div> </div>									
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES					
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400042631884 11/10/04--01027--004 **50.00					
NAME	MCLEROY, ZACHARY W		NAME						
STREET ADDRESS	1040 FOUNDER'S BOULEVARD, SUITE 100		STREET ADDRESS						
CITY-ST-ZIP	ATHENS, GA 30606		CITY-ST-ZIP						
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	TOWNLEY, TONY D		NAME						
STREET ADDRESS	1040 FOUNDER'S BOULEVARD, SUITE 100		STREET ADDRESS						
CITY-ST-ZIP	ATHENS, GA 30606		CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 its receiver, or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE:  <small>SIGNATURE AND TYPE OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Tony D. Townley Managing Member				Date <u>10-29-04</u> (706) 353-8107 <small>Daytime Phone #</small>	