

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M07000002221

FILED  
Nov 18, 2009  
Secretary of State

Entity Name: TRANS MARINE TAMPA, LLC

**Current Principal Place of Business:**

5434 CRENSHAW ST  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

4200-24TH AVENUE WEST  
SEATTLE, WA 98199

**New Mailing Address:**

FEI Number: 91-1271843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TRINH, LONG  
5434 WEST CRENSHAW  
TAMPA, FL 33634    US

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

ROESER, KIM  
5434 WEST CRENSHAW  
TAMPA, FL 33634    US

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: KIM ROESER

11/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ROESER, SHANE  
Address: 4313 W VASCONIA ST  
City-St-Zip: TAMPA, FL 33629

Title: MGR      ( ) Delete  
Name: ROESER, HERBERT  
Address: 3047 92ND AVE NE  
City-St-Zip: BELLEVUE, WA 98004

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KIM ROESER

ADMI

11/18/2009

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