M0800000150/

(F	Requestor's Name)
(/	Address)
(F	Address)
. (0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
. (E	Business Entity Name)
· (D	Document Number)
ertified Copies	Certificates of Status
Special Instructions t	to Filing Officer:

Office Use Only



000159156300

08/04/09--01016--003 **30.00

09 AUG -4 PH IZ: 33
SECRETARY OF STATE

D. BRUCE

AUG 0 5 2009

EXAMINER

BARRON, REDDING, HUGHES, FITE, SANBORN & KIEHN, P.A.

ATTORNEYS AT LAW
220 McKENZIE AVENUE

1922-2001

THEODORE R. HOWELL J. ROBERT HUGHES ROLAND W. KIEHN

JEREMY W. HARRIS

JOHN M. FITE

BRIAN D. LEEBRICK
COLIN L. McMICHEN

HOLLY MELZER
BENJAMIN W. REDDING

CLIFFORD W. SANBORN

PANAMA CITY, FLORIDA 32401-3129

MAILING ADDRESS: POST OFFICE BOX 2467 PANAMA CITY, FLORIDA 32402-2467 850 785-7454 FAX 850 785-2999

DEMPSEY J. BARRON

E-mail Address: cgrissett@barronredding.com

August 3, 2009

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE:

Auburndale TK, LLC NOM Auburndale, LLC

Dear Clerk:

Enclosed please find the three (3) original applications by Foreign Limited Liability Company for the above referenced entities, together with the corresponding filing fee check. Please file the forms in the order indicated on each application.

Thank you in advance for your assistance with this matter. Should you have any questions or comments, please do not hesitate to contact me.

Very truly yours,

BARRON, REDDING, HUGHES, FITE, SANBORN & KIEHN, P.A.

Carol L. Grissett Paralegal to the Firm

/clg Enclosures

COVER LETTER

TO:

Registration Section

Division of Corpo	orations					
SUBJECT:		ndale TK				
	Name of Foreign	Limited Lia	ibility Con	npany		
Dear Sir or Madam:						
The enclosed application,	, certificate and fee(s) a	re submitted	for filing.			
Please return all correspo	ndence concerning this	matter to th	e followin	g:		
D	ebbie Sloan	`				
N	ame of Person		_			
Newton Old	dacre McDonald, LL	С	_			
Fi	rm/Company				=	
·3841 Green H	lills Village Dr. Suite	400)9 AU SECR	
	Address				G-4 ETAR HASS	Ī
Nash	ville, TN 37215				Y OF	
City/State and Zip Code					STAT	;
	sloan@nomllc.com				DM . G	•
E-mail address: (to be	used for future annual r	eport notific	ation)			
For further information co	oncerning this matter, p	olease call:				
Debbie S		at (615)	269-5444		
Name of I	Person .	Area Coo	le & Dayti	me Telephone Nun	nber	
	TIER ADDRESS:			LING ADDRESS:		
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Flori			Tanai	iassee, Florida 323	14	
Enclosed is a check for t	the following amount:					
	\$30 Filing Fee & Certificate of Status	□\$55 Fili Certifie		Septiments \$60 Filing For Certificate of Certified Coperation \$100 Per \$100 Per	f Status &	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department of State: Auburndale TK, LLC	_	
2.	Jurisdiction of its organization: Alabama	_	
3.	Date authorized to do business in Florida: March 28, 2008	-	
	SECTION II (4-7 complete only the applicable changes)		
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization?	-	
5.	New name of the limited liability company: Nom ZH TK, LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.")	_	
Èl th	f name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")	-	
	If the amendment changes the period of duration, indicate new period of duration:	09 AUG -4	
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	PM 12:	ררט
8.	If the amendment corrects any false statement, indicate the statement being corrected and t correction:	ည	
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisc under the law of which this entity is organized. Newton Oldacre McDonald, L.D.C. By: Signature of a member or the authorized representative of a member Its: Member	- dictio	on
	Typed or printed name of signee Filing Fee: \$25.00		

Beth Chapman Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that NOM ZH TK, LLC organized in the office of the Judge of Probate of Autauga County on March 18, 2008. I further certify that the records do not disclose that said NOM ZH TK, LLC has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

July 28, 2009

Date

Beth Chapman

Spo

Beth Chapman

Secretary of State