


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

15 MAR 18 PH 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000065934

1. Limited Liability Company's Name
TL54, LLC

2. Principal Office Address - No P.O. Box # <u>13631 DRYSDALE AVE.</u>		3. Mailing Office Address <u>13631 DRYSDALE AVE.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>PORT CHARLOTTE FL.</u>		City & State <u>PORT CHARLOTTE FL.</u>	
Zip <u>33981</u>	Country <u>CHARLOTTE</u>	Zip <u>33981</u>	Country <u>CHARLOTTE</u>

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 205127731 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name SARKIS KONSULIAN

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.
13631 DRYSDALE AVE.

City PORT CHARLOTTE State FL Zip Code 33981

000270787570
03/19/15--01001--002 **548.00

000270787570
03/19/15--01001--003 **548.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent [Signature] Date 3/18/15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	MIRONENKO, ANATOLY	411 PONDEROSA RD.	VENICE FL. 34293
MGR	GULENKO, YURIY	8366 OSBERT AVE.	NORT PORT FL. 34287
MGR	KONSULIAN, SARKIS	13631 DRYSDALE AVE.	PORT CHARLOTTE 33981 FL.
MGR	DOROSHENKO, LARYSA	10212 DEERWOOD AVE.	ENGLEWOOD FL. 34224
	REINSTATEMENT	<u>JLH</u>	MAR 18 2015 R. HUNT

11. E-mail Address: SARKIS.KONSULIAN@AOL.COM.
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member [Signature] Date 3/18/15 Daytime Phone # (941) 416-8629

Typed or printed name of signing authorized representative/member _____