

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 JUN - 13 1 12:40

DOCUMENT # 2060000 69/31

1. Limited Liability Company's Name
1st TSP LLC formerly known as Modern Mortgage LLC

500410420705
05/17/23 - 01312-007 *\$1497.50

2. Principal Office Address - No P.O. Box #

9083 Park Avenue

3. Mailing Office Address

9083 Park Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Manassas VA

City & State

Manassas VA

Zip

20110

Country

USA

Zip

20110

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida/St. John County

5. Date Organized or Qualified

To Do Business in Florida 07/10/2006

6. FEI Number

45-0543735

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

Northwest Registered Agent LLC

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

7901 4th St N

Apt. #, Etc.

STE 300

City

St. Petersburg

State

FL

Zip Code

33702

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

Taylor N...
REGISTERED AGENT MUST SIGN

Date 06/06/2023

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	Cynthia Sharon	9083 Park Avenue	Manassas / VA /20110
MGR	Joseph Sharon	9083 Park Avenue	Manassas / VA /20110
REINSTATEMENT			
REINSTATEMENT			
R. HUNT			

11. E-mail Address: joesharonusa@yahoo.com / cynthia.sharon2010@gmail.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

Joseph Sharon

Date

06/06/2023

Daytime Phone #

904-806-3692