

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000093568

Entity Name: TFG REALTY, LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

1224 US HIGHWAY ONE, STE. H  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

1224 US HIGHWAY ONE, STE. H  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 26-0891303      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:**

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

MANZELLI, JOSEPH  
1224 US HIGHWAY ONE, STE. H  
NORTH PALM BEACH, FL 33408      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: JOSEPH MANZELLI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FUOCO, LUIGI  
Address: 276 5TH AVENUE, STE. 1007  
City-St-Zip: NEW YORK, NY 10001

Title: MGRM ( ) Delete  
Name: MANZELLI, JOSEPH  
Address: 276 5TH AVENUE, STE. 1007  
City-St-Zip: NEW YORK, NY 10001

**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: LUIGI FUOCO

MGRM

04/29/2009

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