

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000101190

**Entity Name:** BATES DRIVE TLH-MICHAELS LLC

**Current Principal Place of Business:**

3 EAST STOW ROAD, SUITE 100  
MARLTON, NJ 08053

**Current Mailing Address:**

3 EAST STOW ROAD, SUITE 100  
MARLTON, NJ 08053

**FEI Number:** 81-2263286

**Certificate of Status Desired:** No

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

NRAI SERVICES INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEVITT, MICHAEL J.  
Address 3 EAST STOW ROAD, SUITE 100  
City-State-Zip: MARLTON NJ 08053

Title VP  
Name PRATT, JR., MILTON R.  
Address 3 E STOW ROAD; SUITE 100  
City-State-Zip: MARLTON NJ 08053

Title SECRETARY  
Name LANGLEY, SUSAN M.  
Address 3 E STOW ROAD; SUITE 100  
City-State-Zip: MARLTON NJ 08053

Title PRESIDENT  
Name O'DONNELL, JOHN J.  
Address 3 E STOW ROAD; SUITE 100  
City-State-Zip: MARLTON NJ 08053

Title VP, TREASURER  
Name PURCELL, JOSEPH F.  
Address 3 E STOW ROAD; SUITE 100  
City-State-Zip: MARLTON NJ 08053

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL J. LEVITT**

**MANAGER**

**04/17/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date