

**2016 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:** APPLIED FOR**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	PRESIDENT
Name	O'DONNELL, JOHN J.
Address	3 E 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	VP, TREASURER
Name	PURCELL, JOSEPH F.
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

*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:** JOSEPH PURCELL**TREASURER****03/17/2016**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date