2008 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT								Ĕii	En
DOCUMENT # L0000009453 1. Entity Name THISTLE PROPERTIES LLC							08 F	EB -7	ED PM 2:43
Principal Place of 11255 MACAW (WINDERMERE, F	COURT	Mailing Address 11255 MACAW COURT WINDERMERE, FL 34786					TÄLL	HETARY AHASSEE	OF STATE FLORIDA
2. Principal Place	e of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.			01162008	REIN-LLC	CR2E10	01 (1/07)	
City & State		City & State			4. FEI Numb	Number Applied For 3679236 Not Applicable			
Zip	Country	Zip	Cour	ıtry		Certificate of Status Desired Status Desired Fee Required			onal
	6. Name and Address of Current R			<u> </u>		d Address of New R			
INTRASTATE REGISTERED AGENT CORP. 200 SOUTH ORANGE AVENUE, SUITE 2600 ORLANDO, FL 32801				Name B&C Cor Street Address (Corporate Services of Central Florida, Incress (P.O. Box Number is Not Acceptable)				
01.0.11.00,1					190 N. Orange Ave., #1400				
					Orlando FL ZD Code 901				
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE By: Holly Collins, VP Holly Collins, Vice President									
5/0	ristire, typed or printed name of hypetered agent as	nd ittle if explicable. (NOTE	: Register	dd Agent signature requi	red when reinstating	D .	DATE		
FILE NOW!!! FRE IS \$377.50							te check pa a Departme		
9.	I IS/MANAGERS	ANAGERS 10.			ADDITIONS/CHANGES				
MGR DALZIEL, JOHN STREET ADDRESS 11255 MACAW COURT			TITL NAM	E	ロ Change ロ Addition 02月1708年1月15日77日第一日				
1 1				EET ADORESS -ST-ZIP	02/1	11708UU	3002	***382	50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Delete			E Bet address -51-21p			•	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			E LE LET ADDRESS - ST - ZIP				Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP	C.J Delate			E EET ADORESS '-ST-ZIP		~C/	1	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEM			E AT NOTESON	(/Y	1-00)	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1				Change	☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: ON TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despring Phone 6									