

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -9 PM 3:53

DOCUMENT # L02000011591

1. Limited Liability Company's Name

TGC LAMIRADA GARDENS, LLC.

900023666169  
10/09/03--01048--001 \*\*50.00

LLC 10/21

2. Principal Office Address

16016 Royal Aberdeen Pl.

Suite, Apt. #, etc.

N/A

City & State

Odessa, Florida

Zip

33556

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

City & State

Same

Zip

Same

Country

Same

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

5-14-02

6. FEI Number

03-0440718

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

Lena M. Gainer

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

16016 Royal Aberdeen Place

Suite, Apt. #, Etc.

N/A

City

Odessa

State  
FL

Zip Code  
33556

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Lena M. Gainer*

Date

10/6/03

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Lena M. Gainer	16016 Royal Aberdeen Pl.	Odessa, Florida 33556

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of  
Managing Member/Manager

*Lena M. Gainer*

Date

Daytime Phone #

813 205 8296

Typed or printed name of signing Managing Member/Manager

Lena M. Gainer

CR2E041 (10/02)

282

October 8, 2003

Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

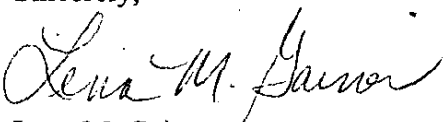
Re: TGC LaMirada Gardens, LLC, Document# L02000011591.  
Reinstatement Fee Waiver Request

To Whom It May Concern:

There has been a change of address for the above referenced entity and therefore the annual report form was not received. Please accept the enclosed reinstatement form with change of address and registered agent, along with the fee of \$ 50.00 for reinstatement of this entity.

You consideration and reinstatement is greatly appreciated.

Sincerely,



Lena M. Gainer  
813-205-8296

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT - 9 PM 3:53