

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2012 NOV 13 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA200241528922  
11/05/12--01044--014 \*\$506.25

CR2E041 (1/11)

DOCUMENT # L03000005532

1. Limited Liability Company's Name

TFC Development, LC

2. Principal Office Address - No P.O. Box #  
1314 Atlantic Drive

Suite, Apt. #, etc.

3. Mailing Office Address  
PO Box 1146

Suite, Apt. #, etc.

City &amp; State

Key West, FL

City &amp; State

Key West, FL

Zip

33040

Country

USA

Zip

33041

Country

USA

4. State/Country of Formation  
Florida5. Date Organized or Qualified  
To Do Business in Florida 02/13/20036. FEI Number  
06-1684887

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  
Adele V. StonesStreet Address (P.O. Box Number is Not Acceptable)  
221 Simonton Street

Suite, Apt. #, Etc.

City  
Key WestState  
FLZip Code  
33040

E-mail Address:

cindy@keyslaw.net

(To be used for future annual report notices)

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

Date

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	James A. Nichols	PO Box 1146	Key West, FL 33041

REINSTATEMENT

2010-12

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

JAMES A. NICHOLS

248-703-4334



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2012

ADELE V. STONES  
STONES & CARDENAS  
221 SIMONTON STREET  
KEY WEST, FL 33040

SUBJECT: TFC DEVELOPMENT, LC  
Ref. Number: L03000005532

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**FILED**  
2012 NOV 13 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for TFC DEVELOPMENT, LC and your check(s) totaling \$566.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 612A00026961

**RECEIVED**  
12 NOV 13 PM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA