

JUL-14-2005 THU 04:20 PM

FAX NO.

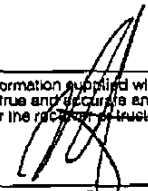
P. 02

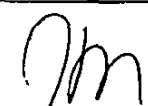
((H050001707363)))

**2005 LIMITED LIABILITY COMPANY
REINSTATEMENT****FILED**

05 JUL 14 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000024983			
1. Entity Name TY FLA, LLC			
Principal Place of Business 11000 NORTHWEST 92ND TERRACE MIAMI, FL 33178		Mailing Address 11000 NORTHWEST 92ND TERRACE MIAMI, FL 33178	
2. Principal Place of Business 201 Alhambra Circle		3. Mailing Address 201 Alhambra Circle	
Suite, Apt. #, etc. Suite 601		Suite, Apt. #, etc. Suite 601	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country USA	Zip 33134	Country USA
5. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		7/14/05 DATE	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Ronald R. Fieldstone 201 Alhambra Circle, Ste. 601 Coral Gables, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 authorized officer empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		((H050001707363))) 305-357-1001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

REINSTATEMENT04-04 

JUL-14-2005 THU 04:20 PM

FAX NO.

P. 01

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000170736 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : I19990000180
Phone : (305)357-5775
Fax Number : (305)357-5534

RECEIVED

05 JUL 14 AM 7:58

DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

TY FLA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00

Electronic Filing Menu

Corporate Filing

Public Access Help