

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000038324

**FILED**  
**Oct 02, 2009**  
**Secretary of State**

**Entity Name:** TLC PROPERTY GROUP, LLC

**Current Principal Place of Business:**

4075 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

4075 A1A SOUTH  
SUITE 100  
ST. AUGUSTINE, FL 32080 US

**Current Mailing Address:**

4075 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

4075 A1A SOUTH  
SUITE 100  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 20-1131956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCHEIRER, THOMAS  
4075 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

SCHEIRER, THOMAS  
4075 A1A SOUTH  
SUITE 100  
ST. AUGUSTINE, FL 32080 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: THOMAS W. SCHEIRER

10/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCHEIRER, THOMAS  
Address: 4075 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: THOMAS SCHEIRER

MGR

10/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date