

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JAN 28 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

**DOCUMENT #** 1.04000007488

**1. Limited Liability Company's Name**

Talco, LLC

**2. Principal Office Address - No P.O. Box #**

3180 N.E. 48th Ct.

Suite, Apt. #, etc.

309

City & State

Lighthouse Point

Zip

33064

Country

USA

**3. Mailing Office Address**

40 Seaview St.

Suite, Apt. #, etc.

City & State

Massapequa

Zip

11758

Country

USA

**4. State/Country of Formation**

Florida, USA

**5. Date Organized or Qualified**

To Do Business in Florida January 28, 2004

**6. FEI Number**

EIN- 03-0537015

☐ 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

Richard T. Taliani

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

3180 N.E. 48th Ct.

Suite, Apt. #, Etc.

309

City

Lighthouse Point

State

FL

Zip Code

33064

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

**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

*Richard T. Taliani*

REGISTERED AGENT MUST SIGN

Date

5/17/09

**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	Richard T. Taliani	3180 N.E. 48th Ct. Unit 309	Lighthouse, Point, Fl. 33064
MGRM	Suzanne Taliani	3180 N.E. 48th Ct. Unit 309	Lighthouse, Point, Fl. 33064
MGRM	Robert Taliani	3180 N.E. 48th Ct. Unit 309	Lighthouse, Point, Fl. 33064

000156334640

05/25/09--01001--024 \*\*416.25

000156334640

01/28/10--01005--011 \*\*163.75

**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

*Richard T. Taliani*

Date

5/17/09

Daytime Phone #

347-907-3508

Typed or printed name of signing Managing Member/Manager

Florida Department of State  
Division of Corporations

January 24, 2010

Dear Ms. Deborah Bruce;

As per the instructions from your office, (letter attached) I have completed both a reinstatement and amendment to the articles of incorporations forms.

As per the instructions and per our conversations I am filing to change the name of my LLC company from Talco, LLC to Talco LHP, LLC.

Additionally, I am enclosing a check for a total of \$163.75 which includes the \$138.75 reinstatement fee and the \$25.00 filing fee for the name change.

I want to thank you for all you help and courtesy to date it has been greatly appreciated.

If there are any questions regarding this matter please feel free to contact me at any time on my cell phone number 347-907-3508.

Regards,

  
Richard T. Taliani

**FILED**  
**10 JAN 28 AM 11:36**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 28, 2009

TALCO LLC  
3180 N.E. 48TH CT  
309  
LIGHTHOUSE POINT, FL 33064

SUBJECT: TALCO, LLC  
Ref. Number: L04000007488

We have received your document for TALCO, LLC and your check(s) totaling \$416.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 009A00017996

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA