

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000093783

**FILED**  
**Jun 22, 2012**  
**Secretary of State**

**Entity Name:** TOWN N' COUNTRY POINTE, LLC

**Current Principal Place of Business:**

2030 DOUGLAS ROAD  
SUITE#108  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

2625 PONCE DE LEON BLVD.  
SUITE#245  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

2030 DOUGLAS ROAD  
SUITE#108  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

2625 PONCE DE LEON BLVD.  
SUITE#245  
CORAL GABLES, FL 33134 US

**FEI Number:** 83-0427375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORERA, JORGE  
2030 DOUGLAS ROAD  
SUITE#108  
CORAL GABLES, FL 33134 US

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

BENDER, HARRY  
2625 PONCE DE LEON BLVD.  
SUITE#245  
CORAL GABLES, FL 33134 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: HARRY K. BENDER

06/22/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VELOCCI, RALPH  
Address: 2625 PONCE DE LEON BLVD., #245  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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: RALPH VELOCCI

MGMR

06/22/2012

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