

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 10 AM 11:34

DOCUMENT # **L0500000 3927**

1. Limited Liability Company's Name

TRD Land 43, LLC

REINSTATEMENT 07-09 18M

CR2E041 (10/08)

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

800 S Osprey Ave

Suite, Apt. #, etc.

Sarasota, FL 34236

City & State

3. Mailing Office Address

800 S Osprey Ave

Suite, Apt. #, etc.

Sarasota, FL 34236

City & State

Zip

34236

Country

USA

Zip

34236

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

1/12/05

6. FEI Number

20-2132226

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

T. Raymond Suplee

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

800 S. Osprey Ave.

Suite, Apt. #, Etc.

Sarasota, FL 34236

City

State

FL

Zip Code

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

1/28/09

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
P	T. Raymond Suplee	800 S Osprey Ave	Sarasota, FL 34236
VP	John Steele	800 S Osprey Ave	Sarasota, FL 34236
T	Thomas Dabney	800 S Osprey Ave	Sarasota, FL 34236

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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

[Signature]

Date

1/28/09

Daytime Phone #

941-366-3600

Typed or printed name of signing Managing Member/Manager

T. Raymond Suplee