

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000097714

**FILED**  
**Apr 09, 2013**  
**Secretary of State**

**Entity Name:** FLORIDA AVENUE PARTNERS LLC

**Current Principal Place of Business:**

14814 N. FLORIDA AVE.  
TAMPA, FL 33613

**New Principal Place of Business:**

14824 N. FLORIDA AVE.  
TAMPA, FL 33613

**Current Mailing Address:**

14814 N. FLORIDA AVE.  
TAMPA, FL 33613

**New Mailing Address:**

14824 N. FLORIDA AVE.  
TAMPA, FL 33613

**FEI Number:** 20-5670291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOHL, TIMOTHY M  
14814 N. FLORIDA AVE.  
TAMPA, FL 33613 US

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

HOHL, TIMOTHY M  
14824 N. FLORIDA AVE.  
TAMPA, FL 33613 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: TIMOTHY M HOHL

04/09/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOHL, TIMOTHY M  
Address: 14824 N. FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33613

Title: MGRM  
Name: M-TAMPA LLC  
Address: 14824 N. FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33613

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: M-TAMPA LLC

MGRM

04/09/2013

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