

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

2021 DEC 31 PM 12:07

DOCUMENT # *LC8 000063808*

1. Limited Liability Company's Name  
HLP Properties at The Villages, L.L.C.

400378984144

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # c/o Advisory Trust Group, L.L.C., 10645 N. Oracle Rd		3. Mailing Office Address c/o Advisory Trust Group, L.L.C., 10645 N. Oracle Rd	
Suite, Apt. #, etc. Suite 1211-371		Suite, Apt. #, etc. Suite 1211-371	
City & State Oro Valley, AZ		City & State Oro Valley, AZ	
Zip 85737	Country USA	Zip 85737	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 06/30/2008	
6. FEI Number 74-3261938	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name CORPORATION SERVICE COMPANY			
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
Suite, Apt. #, Etc.			
City TALLAHASSEE	State FL	Zip Code 32301	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Eylima Bahar* Assistant Vice President Date 01/03/2022

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Debtor Rep.	Bob Michaelson	c/o Advisory Trust Group, LLC 10645 N. Oracle Road, Suite 1211-371	Oro Valley, AZ 85737
<b>REINSTATEMENT</b>			DEC 31 2021 R. HUNT

11. E-mail Address: bob.michaelson@advisorytllc.com  
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager *Bob Michaelson* Date 12-22-2021 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Authorized Representative/Manager Bob Michaelson

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 354896 4814048  
AUTHORIZATION : *Spud Coleman*  
COST LIMIT : \$ 300.00

ORDER DATE : December 29, 2021  
ORDER TIME : 2:02 PM  
ORDER NO. : 354896-015  
CUSTOMER NO: 4814048

DOMESTIC FILINGS

NAME: HLP PROPERTIES AT THE  
VILLAGES, L.L.C.

2022 JAN -4 PM 4:27

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carol K. Dolor - Ext# 63113

EXAMINER'S INITIALS \_\_\_\_\_