

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000073894

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** TSAKALOS REALTY TRUST, LLC

**Current Principal Place of Business:**

12843 MADISON POINT CIRCLE, 9-208  
ORLANDO, FL 32821

**New Principal Place of Business:**

**Current Mailing Address:**

12843 MADISON POINT CIRCLE, 9-208  
ORLANDO, FL 32821

**New Mailing Address:**

P.O. BOX 1  
FORESTDALE, MA 02644

**FEI Number:** 26-3651316      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

TSAKALOS, THOMAS  
12843 MADISON POINT CIRCLE, 9-208  
ORLANDO, FL 32821      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: THOMAS TSAKALOS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: TSAKALOS, THOMAS  
Address: 12843 MADISON POINT CIRCLE, 9-208  
City-St-Zip: ORLANDO, FL 32821

Title: V  
Name: TSAKALOS, ANTHONY  
Address: 12843 MADISON POINT CIRCLE, 9-208  
City-St-Zip: ORLANDO, FL 32821

Title: S  
Name: TSAKALOS, CHRISTINA  
Address: 12843 MADISON POINT CIRCLE, 9-208  
City-St-Zip: ORLANDO, FL 32821

Title: T  
Name: TSAKALOS, THOMAS  
Address: 12843 MADISON POINT CIRCLE, 9-208  
City-St-Zip: ORLANDO, FL 32821

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: THOMAS TSAKALOS

P

01/06/2010

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