

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

2021 DEC 31 PM 12:07

DOCUMENT # *LC800011118*

1. Limited Liability Company's Name

HLP Properties at The Villages Holdings, LLC

100378984091

CR2E041 (1/14)

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

c/o Advisory Trust Group, LLC, 10645 N. Oracle Rd

3. Mailing Office Address

c/o Advisory Trust Group, LLC, 10645 N. Oracle Rd

Suite, Apt. #, etc.

Suite 1211-371

Suite, Apt. #, etc.

Suite 1211-371

City &amp; State

Oro Valley, AZ

City &amp; 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

10/28/2008

6. FEI Number

26-3710006

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

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

*Eylema 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
Member	PROMISE HEALTHCARE, INC.	c/o Advisory Trust Group, LLC 10645 N. Oracle Road, Suite 1211-371	Oro Valley, AZ 85737
Debtor Rep.	Bob Michaelson	c/o Advisory Trust Group, LLC 10645 N. Oracle Road, Suite 1211-371	Oro Valley, AZ 85737

REINSTATEMENT

DEC 31 2021

R. HUNT

11. E-mail Address:

bob.michaelson@advisorytrustllc.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 :   
COST LIMIT : \$ 300.00

ORDER DATE : December 29, 2021  
ORDER TIME : 2:03 PM  
ORDER NO. : 354896-005  
CUSTOMER NO: 4814048

DOMESTIC FILINGS

NAME: HLP PROPERTIES AT THE  
VILLAGES HOLDINGS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - Ext#

EXAMINER'S INITIALS                     

DEC 31 2021

R. HUNT

2022 Jan 4 PM 4:27