

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000043491

1. Limited Liability Company's Name

TPCC Funding, LLC

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

2300 Presidential Way

Suite, Apt. #, etc.

3. Mailing Office Address

2300 Presidential Way

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

US

Zip

33401

Country

US

8. Name and Address of Current Registered Agent

Name Peter Sherman

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

2300 Presidential Way

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

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

Peter A. Sherman

Date

3/6/11

REGISTERED AGENT MUST SIGN

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
MGR	Martin A List	2300 Presidential Way	West Palm Beach, FL 33401

REINSTATEMENT 2010-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Marvin S. Rosen

Date

3/23/11

Daytime Phone #

561-318-3250

Typed or printed name of signing Managing Member/Manager Marvin S. Rosen

FILED

11 MAR 30 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100199543031
03/28/11--01054--016 **755.00

CR2E041 (1/11)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/05/2009

6. FEI Number

None

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

(To be used for future annual report notices)

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ROSEN LAW GROUP P.A.

Marvin S. Rosen
Also admitted in Michigan

Esperanté
222 Lakeview Avenue, Suite 1500
West Palm Beach, Florida 33401

Telephone: (561) 318-3250
Facsimile: (561) 802-8995

March 23, 2011

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

FILED
MAR 30 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: ***TPCC Funding, LLC***
Document #L09000043491

TPCC Members Group, LLC
Document #L09000066696

Dear Sir/Madam:

Enclosed are Limited Liability Company Reinstatements for TPCC Funding, LLC and TPCC Members Group, LLC. Also enclosed is a check in the amount of \$755.00, representing the fees for each entity of \$100.00 for the reinstatement fees, and \$277.50 for 2010 and 2011 annual reports.

If you have any questions, please call me.

Sincerely,


Kelly J. Smith, CLA
Certified Legal Assistant

Enclosures

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