

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000066696

1. Limited Liability Company's Name

TPCC MEMBERS GROUP, LLC

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

1900 Consulate Place

Suite, Apt. #, etc.

#903

City & State

West Palm Beach, FL

Zip

33401

Country

US

3. Mailing Office Address

1900 Consulate Place

Suite, Apt. #, etc.

#903

City & State

West Palm Beach, FL

Zip

33401

Country

US

8. Name and Address of Current Registered Agent

Name
Bernard Weinstein

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

1900 Consulate Place

Suite, Apt. #, Etc.

#903

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

B. Weinstein

REGISTERED AGENT MUST SIGN

Date

3/1/11

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	Bernard Weinstein	1900 Consulate Place #903	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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 7/10/2009

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)