

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 SEP 14 PM 8:39

DOCUMENT # L11000072354

1. Limited Liability Company's Name

TC Financial Partners, LLC

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

367 NE Baker Rd

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Zip

34994

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

C. Amy Whitlatch

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

367 NE Baker Road

Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

CR2E041 (1/14)

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

06/21/2011

6. FEI Number

45-2588866

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

600290217266  
09/14/16--01031--008 \*\*793.75

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

Amy White

REGISTERED AGENT MUST SIGN

Date 09-09-2016

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
	Robert Whitlatch	367 NE Baker Rd	Stuart, FL 34994

11. E-mail Address

(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 in Chapter 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of authorized representative/member

Amy White

Date 09-09-2016

Daytime Phone #

724-408-0971

Typed or printed name of signing authorized representative/member

C. Amy Whitlatch