

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2024 MAY 31 PM 4:37

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L13000022628

1. Limited Liability Company's Name  
TLH-20 HUGHES LLC

000120760820  
05/31/24 -01005--001 #377.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1301 W ROYAL PALM RD		3. Mailing Office Address 1301 W ROYAL PALM RD	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State BOCA RATON		City & State BOCA RATON	
Zip 33486	Country USA	Zip 33486	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 2/11/2013	
6. FEI Number 36-4754338	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name STEVE WALLACE			
Street Address (P.O. Box Number is Not Acceptable) Suite. 2500 QUANTUM LAKES DR			
Apt. #, Etc. #203			
City BOYNTON BEACH		State FL	Zip Code 33426

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	Date 05/23/2024
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
MGR	NICOLE DEBEHNKE	1301 W ROYAL PALM RD	BOCA RATON, FL 33486
MGR	MICHAEL TUTTLE	1301 W ROYAL PALM RD	BOCA RATON, FL 33486
			T. WILSON

11. E-mail Address	BRIAN.TUTTLE@AOL.COM	MAY 31 2024
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(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 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 for in s. 817.155, F.S.

Signature of authorized representative/member Michael Tuttle Date 5/23/24 Notary Public 561 718 7816