

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL  
AND  
FILED

16 MAY 10 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L13000035471

1. Limited Liability Company's Name

TV HOLDINGS, LLC

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

103200 Overseas Highway

Suite, Apt. #, etc.

Suite 7

City & State

Key Largo, Florida

Zip

33037

Country

U.S.A.

3. Mailing Office Address

103200 Overseas Highway

Suite, Apt. #, etc.

Suite 7

City & State

Key Largo, Florida

Zip

33037

Country

U.S.A.

CR2E041 (1/14)

4. State/Country of Formation

Florida, United States of America

5. Date Organized or Qualified  
To Do Business in Florida

03/08/2013

6. FEI Number

46-2307018

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

Hutchison & Tubiana, PLLC

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

103200 Overseas Highway

Apt. #, Etc.

Suite 7

City

Key Largo

State

FL

Zip Code

33037

900285653999  
05/10/16--01028--001 \*\*\$25.00

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

REGISTERED AGENT MUST SIGN

Date 5/10/16

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip |
|--------|--|---|--------------------|
| MGR    | Todd Arnold  | 3557 E. Arianna Ave   | Gilbert, AZ 85298  |
|        |  |   |                    |
|        |  |   |                    |
|        |  |   |                    |
|        |  |   |                    |
|        |  |   |                    |
|        |  |   |                    |

REINSTATEMENT

TJA

11. E-mail Address: info@floridakeyslegal.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 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

Date

3/10/16

Daytime Phone #

305-484-5033

Typed or printed name of signing authorized representative/member

Todd Arnold