

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAY 17 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L9900001503

1. Limited Liability Company's Name

Torionberg Associates, LLC

CR2E041 (1/07)

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

11951 Mays Chapel Rd

Suite, Apt. #, etc.

3. Mailing Office Address

11951 Mays Chapel Rd.

Suite, Apt. #, etc.

City & State

Lutherville-Timonium, MD

City & State

Lutherville-Timonium, MD

Zip

21093

Country

US

Zip

21093

Country

US

4. State/Country of Formation

Florida - US

5. Date Organized or Qualified
To Do Business in Florida

3-17-99

6. FEI Number

59-3563237

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

Lexington Family Office Services, LLC

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

1 444 Seabreeze Blvd

Suite, Apt. #, Etc.

Suite 890

City

Daytona Bch,

State

FL

Zip Code

32118

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

3-6-2007

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	Jacques R. Caldwell, MD	11951 MAYS CHAPEL ROAD	Lutherville-Timonium MD 21093
			600103288176 05/25/07--01024--013 **150.00
			REINSTATEMENT 05-07
			[Signature]

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.

Signature of

Managing Member/Manager

Date

3-27-07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

JACQUES R. CALDWELL