

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000004881

Entity Name: TLE PROPERTIES, LLC

FILED  
Jul 27, 2009  
Secretary of State

**Current Principal Place of Business:**

8810 STAHLEY ROAD  
CLARENCE CENTER, NY 14032

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 502  
EAST AMHERST, NY 14051

**New Mailing Address:**

7954 TRANSIT ROAD  
SUITE 342  
WILLIAMSVILLE, NY 14221 US

FEI Number: 01-0803182      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ENGL, TINA L  
2550 NORTH ALAFAYA, UNIT 1206  
ORLANDO, FL 32826 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TINA L ENGL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ENGL, TINA L  
Address: 8810 STAHLEY ROAD  
City-St-Zip: CLARENCE CENTER, NY 14032

Title: MGRM ( ) Delete  
Name: ENGL, DOUGLAS  
Address: 8810 STAHLEY ROAD  
City-St-Zip: CLARENCE CENTER, NY 14032

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TINA L ENGL

MGRM

07/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date