

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 JUN 28 AM 6:05

DOCUMENT # M16000000564

1. Limited Liability Company's Name
TCA GP II LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
19950 WEST COUNTRY CLUB DRIVE

3. Mailing Office Address

19950 WEST COUNTRY CLUB DRIVE

Suite, Apt. #, etc.
10TH FLOORSuite, Apt. #, etc.
10TH FLOORCity & State
AVENTURA, FLCity & State
AVENTURA, FLZip
33180Country
USAZip
33180Country
USA4. State/Country of Formation
DELAWARE5. Date Organized or Qualified
To Do Business in Florida
01/21/20166. FEI Number
81-1001039

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
NRAI SERVICES, INC.Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATIONState
FLZip Code
33324

400815304764

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

Stephanie Boehm

Date 06/28/2018

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
MBR	JACQUELYN SOFFER	19950 WEST COUNTRY CLUB DRIVE	AVENTURA, FL 33180

REINSTATEMENT

JUN 28 2018

R. HUNT

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 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Date 06/28/2018

Daytime Phone # 305-682-4144

Authorized Representative/Manager

BOA571FB8591414...

Typed or printed name of signing Authorized Representative/Manager JACQUELYN SOFFER

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 6/28/2018

Acc#I20160000072



Name:	TCA GP II LLC
Document #:	M16000000564
Order #:	11048765

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 412.50

Thank you!

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18 JUN 28 PM 1:50
TALLAHASSEE, FL 32312
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32312