

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000099754

**Entity Name:** NSH HOLDINGS, LLC

**Current Principal Place of Business:**

3060 PEACHTREE RD. NW  
SUITE 1550  
ATLANTA, GA 30305

**Current Mailing Address:**

3060 PEACHTREE RD. NW  
SUITE 1550  
ATLANTA, GA 30305 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |                                     |                 |                                     |
|-----------------|-------------------------------------|-----------------|-------------------------------------|
| Title           | MANAGER                             | Title           | AUTHORIZED REPRESENTATIVE           |
| Name            | GRAHAM, CHRISTOPHER                 | Name            | BEATTIE, ELIZABETH                  |
| Address         | 3060 PEACHTREE RD. NW<br>SUITE 1550 | Address         | 3060 PEACHTREE RD. NW<br>SUITE 1550 |
| City-State-Zip: | ATLANTA GA 30305                    | City-State-Zip: | ATLANTA GA 30305                    |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIZABETH BEATTIE

**AUTHORIZED PERSON**

**04/25/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date