2016 LIMITED LIABILITY COMPANY REINSTATEMENT

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Suite, Apt #, etc. 04 - 34/			• •			10212016 REIN-L	.LC	CR2E101 (12/11)	
City & State			<u>D4 - 34 /</u> City & State			4. FEI Number		App	lied For
TALLI	ASSE	, F14	TALIKIA			59-3043490		 	Applicable
Zip	<i></i>	Country	Zip	Coun		5. Certificate of Status D	esired	\$5.00 Addi	
3230		FIONIDA	32309	P	ioni Dig			Fee Required	<u> </u>
	b. Name	and Address of Current I	Registered Agent		Name	7. Name and Address of	T New Kegis	stered Agent	
RAHMING	, NICHOL	AS				<u> </u>			
3408 MAH	IONEY DE	RIVE	Street Address		Street Address (F	P.O. Box Number is Not Ac	ceptable)		
TALLAHAS	SSEE, FL	32308							
					City			FL Zip Code	'
			the purpose of changing its	register	ed office or register	ed agent, or both, in the St	ate of Florida	. I am familiar with, a	and accept
the obligati	ions of regist	tered agent.						1	
SIGNATURE .	1º	or printed name of registered agent a	<u> </u>				10/21	116	
	Signature, typed	or printed name of registered significant	nd title if applicable. (NOT	E: Register	ed Agent signature requir	red when reinstating)		, DAIE	
FII I	E NOWIII I	EE IS \$238.75					Make ch	heck payable to	-
		7, Fee will be \$377.50						partment of State	
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9.	Luceu	MANAGING MEMBER		10.			orod a		
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K. ASHTON