2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 02, 2008
Secretary of State

DOCUMENT# L06000051430

Entity Name: CHESTNUT FIRM, LLC

Current Principal Place of Business:

703 N MAIN ST
SUITE B
GAINESVILLE, FL 32601

New Principal Place of Business:

500 EAST UNIVERSITY AVE.,
SUITE C
GAINESVILLE, FL 32601

Current Mailing Address:

703 N MAIN ST
SUITE B
GAINESVILLE, FL 32601

New Mailing Address:

500 EAST UNIVERSITY AVE.,
SUITE C
GAINESVILLE, FL 32601

FEI Number: 14-1963410 **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:

CHESTNUT, CHRISTOPHER
703 N MAIN ST
SUITE B
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

CHESTNUT, CHRISTOPHER
500 EAST UNIVERSITY AVE.,
SUITE C
GAINESVILLE, FL 32601 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: CHRISTOPHER CHESTNUT 11/02/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHESTNUT, CHRISTOPHER
Address: 703 N MAIN ST SUITE B
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CHESTNUT, CHRISTOPHER
Address: 500 EAST UNIVERSITY AVE., SUITE B
City-St-Zip: GAINESVILLE, FL 32601

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: CHRISTOPHER CHESTNUT MGR 11/02/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date