

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000058395

**FILED**  
**Oct 20, 2009**  
**Secretary of State**

**Entity Name:** NASH & COMPANY NAPLES, LLC

**Current Principal Place of Business:**

2529 DAY LILY PLACE  
NAPLES, FL 34105

**New Principal Place of Business:**

2132 MISSION DRIVE  
NAPLES, FL 34105

**Current Mailing Address:**

2529 DAY LILY PLACE  
NAPLES, FL 34105

**New Mailing Address:**

2132 MISSION DRIVE  
NAPLES, FL 34109

**FEI Number:** 26-0283924      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE  
STE 300  
NAPLES, FL 34019 US

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

NASH, JO ELLEN  
2132 MISSION DRIVE  
NAPLES, FL 34019 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: JO ELLEN NASH

10/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MEMB ( ) Delete  
Name: NASH, JO ELLEN MEMBER  
Address: 2529 DAY LILY PLACE  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES:**

Title: MEMB (X) Change ( ) Addition  
Name: NASH, JO ELLEN MEMBER  
Address: 2132 MISSION DRIVE  
City-St-Zip: NAPLES, FL 34109

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: JO ELLEN NASH

MM

10/20/2009

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