PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

C	ED LIAB OMPAN ISTATEN	Y		L DEPARTM Secretary of S	State	STATE		FILED 2016 NOV 15 AM 9: 05	
DOCUMENT# Logo 60 29821 1. Limited Liability Company's Name							err land of Gills the abanses.		
Presley Nash, LLC									
2. Principal	Office Addre	ss - No P.O. Box #	3. Mailing Off	Mailing Office Address			CR2E041 (1/14)		
145	Spil	res have	145 Spives Lane			e	4. State/Country of Formation		
Suite, Apt. #		11.0	Suite, Apt. #, etc.				5. Date Organized or Qualified		
City & State	Swite	-409	Suite 409				To Do Business in Florida 3/26/2009		
-	\sim	sa Beach, Fla				h, FI	6. FEI Number 27 0636762 Applied For Not Applicable		
324	59	USA	324	59	TUS	(Δ	7. CERTIFICATE OF	\$5.00 Additional Fee re for a certificate of state	quired us
8. Name and Address of Current Registered Agent								·	
Name T. Ditt C Alast							900292372959 11/15/1601031017 **238,75		
Steet Address (P.O. Box Number is Not Acceptable) Suite,						11/15/1601031017 **238.75			
145 Spives LANE									
Suite 409									
SANTA ROSA Beach FL 32459									
9. 1, bein	ng appointed th	ne registered agent of the abov	e named limited	liability comp	any, am famil	liar with and acc	cept the obligations	of Chapter 605, F.S.	
Signature of Registered Agent Audith C. Mash REGISTERED AGENT MUST SIGN							Date		
10. Names	s and Street Ad	dresses of Authorized Represe	ntatives/Manage	ers					
Titles	Name of Authorized Representatives/ Managers			Street Address of Each Authorized Representati Manager					
MGRM	Kli	IN P. NASL	`	1453	Spires	Lane	Suite 409	SANTA Rosa Beach, Fla.	, 3245 <i>9</i>
NGRM	I Ju	aith C. Na	sh	1455	pives	Lave -	ruite 409	SANTA Resa Beach, Fla.	.32459
				J				,	
	The Arms of the Ar						NOV 1 5 2016		
REINS				TATEMENT				R. HUNT	
11. E-mail Address: arasheparallakadvisargroup, com (Tobe 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. Signature of authorized representative/member Date Date 1. AUV. 7, 20/6Daytime Phone # 404-867-8287 Typed or printed name of signing authorized representative/member									
_		representative/member of signing authorized represe		AL	JIN.	P. NAS	ih	ytime Phone #	