

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 DEC 31 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900243204769  
01/02/13--01003--002 \*\*238.75

CR2E041 (1/11)

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida 04/2011

6. FEI Number

45-1992502

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L11-47929

1. Limited Liability Company's Name

PC Slices, LLC

2. Principal Office Address - No P.O. Box #

875 Prospect Street

Suite, Apt. #, etc.

303

City & State

La Jolla

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

92037

Country

US

Zip

Country

8. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

mpress@pontuscapital.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Michael Holden*

Michele Holden,  
Assistant Secretary

Date 12/31/2012

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing	Pontus Net Lease Lease Advisors, LLC	875 Prospect Street, Suite 303	La Jolla, CA 92037

REINSTATEMENT 12

01-2-13

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 requirements of section 608.406, 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 Managing  
Member/Manager

*Michael Press*

Date 12/31/12

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Michael Press