

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 MAY 30 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07000000020

1. Limited Liability Company's Name

430 East Packwood Management, L.L.C.

CR2E041 (1/14)

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

3301 West End Ave.

Suite, Apt. #, etc.

200

City & State

Nashville TN

Zip

37203

Country

US

3. Mailing Office Address

3301 West End Ave.

Suite, Apt. #, etc.

200

City & State

Nashville TN

Zip

37203

Country

US

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

January 02, 2007

6. FEI Number

68-0591850

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00/Additional Fee required
for a Certificate of Status.

8. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

200260761072
06/02/14--01001--001 **1069.50

200260761072
06/03/14--01002--002 **1.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Adrienne Rivera

Adrienne Rivera,

Special Assistant Secretary Date 05/30/2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	C. Harris Haston	3301 West End Ave Suite 200	Nashville, TN 37203

11. E-mail Address: tmuckelvaney@carterhaston.com

(To be 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

C. Harris Haston

Date 5.29.14

Daytime Phone # (615) 279-9200

Typed or printed name of signing Authorized Representative/Manager. C. Harris Haston

Handwritten signature and initials



FILED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

14 MAY 30 PM 3: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 30, 2014

CORPDIRECT AGENTS INC

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

5/30/14

SUBJECT: 430 EAST PACKWOOD MANAGEMENT, L.L.C.
Ref. Number: M07000000020

We have received your document for 430 EAST PACKWOOD MANAGEMENT, L.L.C. and the authorization to debit your account in the amount of \$1069.50. However, the document has not been filed and is being returned for the following:

The total amount due to reinstate is \$1071.25.

There is a balance due of \$1.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Leslie Sellers
Regulatory Specialist II

Letter Number: 314A00011729

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

5/30/14