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NOBLE SHENANIGANS FARM, L.L.C.						FILED SECRETARY OF STATE SECRETARY OF STATE					
HODEL	ONEWWOOD THE STATE	,				Ū	HAIRINH OF COM	-	<i>;</i>		
Principal Place of Business Mailing Address						01 DEC -6 PM 1: 05					
1811 S.E. 597	TH STREET	1811 S.E. 59TH STREET					01023				
OCALA FL 34	1480	OCALA FL 34480									
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2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State				4. FEI Number Applied For Not Applicable					7
Zip Country		Zip	Zip Coun		гу		ficate of Status Desire		\$5.00 Add	itional	1
6. Name and Address of Current F		egistered Agent				7. Name and Address of New Registered Agent				+	
		Name	9						7		
	CKENNA, CHRISTINE JANE 11 S.E. 59TH STREET		Street Address			(P.O. Box Number is Not Acceptable)					1
00	CALA FL 34480			,							1
	•		City	FL Zip Code						1	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or	registere	d agent,	or both, in the State of	Florida.			
SIGNATURE _	Christine & M. Signature, typed or printed name of registered agent a	.CKenna nd title if applicable. (NOTE						11 Sep	t 200	<u> </u>	
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				mber 26,	2001		****	**S.00	****	5.00	ļ
9. TITLE	MANAGING MEMBER	RS/MANAGERS Delete	10.	:	ħΛα	ممعو		IS/CHANGES		** Addition	를
NAME	Christines McKenna			E	Chr	Christmet McKenna					CR2E083 (5/01)
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11. If (3) certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.											
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