

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAY 30 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05022007 REIN-LLC CR2E101 (1/07)

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # L02000027007 1. Entity Name RECTANGLE HARVESTING, LLC | | | | | |
| Principal Place of Business P.O. BOX 608 AVON PARK, FL 33826 | | | Mailing Address P.O. BOX 608 AVON PARK, FL 33826 | | |
| 2. Principal Place of Business - No P.O. Box # 305 CR 17A West Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 967 Suite, Apt. #, etc. | | | |
| City & State Avon Park, FL | | City & State Avon Park, FL | | 4. FEI Number 33-1025942 | |
| Zip 33825 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KELLEY, PAMELA M 2816 N. BOWDEN ROAD AVON PARK, FL 33825 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Pamela M. Kelley</i></u> 5-2-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MURDOCK, GAYLE 1379 NE VIOLA ROAD AVON PARK, FL 33825 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"> 800103916158 06/05/07--01046--001 **100.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KELLEY, PAMELA M 2816 N. BOWEN ROAD AVON PARK, FL 33825 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COOPER, GEORGE H JR. 2123 SW 21ST. ST. OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COOPER, MARK D 13346 CASEY ROAD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"> LS </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"> REINSTATEMENT 06-07 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. | | | | | |
| SIGNATURE: <u><i>Pamela M. Kelley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <div style="text-align: right;"> 5-21-07 <small>Date Daytime Phone #</small> </div> | | |