

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000035152

**Entity Name:** LAUREL DEE FARMS, LLC

**FILED**  
**Dec 27, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

7100 S.E. HIGHWAY 42  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 510  
SUMMERFIELD, FL 34492

**New Mailing Address:**

**FEI Number:** 35-2214747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, LAUREL D  
7100 S.E. HIGHWAY 42  
SUMMERFIELD, FL 34491 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** WILLIAMS, LAUREL DEE  
**Address:** P.O. BOX 510  
**City-St-Zip:** SUMMERFIELD, FL 34492

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** LAUREL DEE WILLIAMS

MGRM

12/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date