

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000048659

1. Entity Name
HUCK-FIN IRRIGATION LLC



FILED

06 SEP -5 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2871 NATURAL BRIDGE ROAD
TALLAHASSEE, FL 32305

Mailing Address
2871 NATURAL BRIDGE ROAD
TALLAHASSEE, FL 32305

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09052006 REIN-LLC CR2E101 (11/05)

4. FEI Number

84-1628916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNOUS, JERRY ALLEN
2871 NATURAL BRIDGE ROAD
TALLAHASSEE, FL 32305

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

Kathy Jo Knous

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-6-06

DATE

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 MGR
NAME KNOUS, JERRY ALLEN
STREET ADDRESS 2871 NATURAL BRIDGE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32305

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CITY-ST-ZIP

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:

Kathy Jo Knous

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-6-06

Date

Daytime Phone #

REINSTATEMENT

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2006

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09/06/06--01019--002 **100.00

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