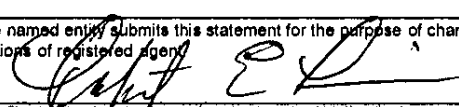
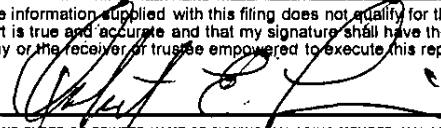


2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVAL
AND
FILED

14 MAR 14 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000054450					
1. Entity Name LINN'S IRRIGATION, LLC					
Principal Place of Business 9583 WOODVILLE HIGHWAY TALLAHASSEE, FL 32305			Mailing Address 9583 WOODVILLE HIGHWAY TALLAHASSEE, FL 32305		
2. Principal Place of Business - No P.O. Box # 522 E. Jennings St. Suite, Apt. #, etc.		3. Mailing Address 522 E. Jennings St. Suite, Apt. #, etc.			
City & State Tallahassee, FL Zip 32301		City & State Tallahassee, FL Zip 32301		4. FEI Number NOT APPLICABLE Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				03142014 REIN-LLC CR2E101 (12/11)	
6. Name and Address of Current Registered Agent THOMPSON, SUSAN S 3520 THOMASVILLE RD 4TH FLOOR TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent Name: Robert E Linn SR Street Address (P.O. Box Number is Not Acceptable): 522 E. Jennings St City: Tall, FL Zip Code: 32301		
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:  DATE: 3/14/14 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LINN, ROBERT E SR. 9583 WOODVILLE HIGHWAY TALLAHASSEE, FL 32305 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	AMBE LINN ROBERT E SR 522 E JENNINGS ST Tall, FL 32301 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LINN, ROBERT E JR. 9583 WOODVILLE HIGHWAY TALLAHASSEE, FL 32305 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	AMBE LINN ROBERT E JR 522 E JENNINGS ST Tall, FL 32301 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LINN, MARK E 9583 WOODVILLE HIGHWAY TALLAHASSEE, FL 32305 ☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	400256941974 03/14/14--01002--017 **377.50	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS					

K. Adelman