2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED 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	Mailing Address
9583 WOODVILLE HIGHWAY TALLAHASSEE, FL 32305	9583 WOODVILLE HIGHWAY TALLAHASSEE, FL 32305

03142014 REIN-LLC CR2E101 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
522 E. Jennings St.	522 E. Jennings St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Fl.	City & State: Tallahassee, Fl.
Zip: 32301 Country:	Zip: 32301 Country:

4. FEI Number: NOT APPLICABLE ☐ 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
THOMPSON, SUSAN S 3520 THOMASVILLE RD 4TH FLOOR TALLAHASSEE, FL 32309	Name: Robert E Linn SR Street Address (P.O. Box Number is Not Acceptable): 522 E. Jennings St City: Tall, Fl 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: _____ 3/14/14
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	AMBR 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	AMBR 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	☐ Change ☐ Addition
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 Ashton