
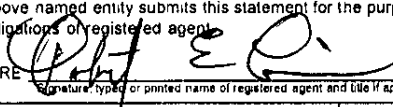
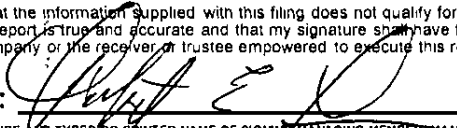


# 2015 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000054450</b> 1. Entity Name <b>LINN'S IRRIGATION, LLC</b>				15 SEP 28 AM 9:27  RECEIVED FLORIDA DEPARTMENT OF STATE	
Principal Place of Business 522 E. JENNINGS ST. TALLAHASSEE, FL 32301		Mailing Address 522 E. JENNINGS ST. TALLAHASSEE, FL 32301			
2. Principal Place of Business - No P.O. Box # <b>375 Hidden Acres</b>		3. Mailing Address <b>375 Hidden Acres</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Monticello FL</b>		City & State <b>Monticello</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>32344</b>		Country <b>Jefferson</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		09282015 REIN-LLC CR2E101 (12/11)			
6. Name and Address of Current Registered Agent  LINN, ROBERT E SR. 522 E. JENNINGS ST. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name <b>Linn Robert E SR</b> Street Address (P.O. Box Number is Not Acceptable) <b>375 Hidden Acres</b> City <b>Monticello</b> <b>FL</b> <b>32344</b>			
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 <b>9/28/15</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2016, Fee will be \$377.50</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AMBR LINN, ROBERT E SR. 522 E. JENNINGS ST. TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AMBR Linn Robert E SR 375 Hidden Acres Monticello FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AMBR LINN, ROBERT E JR. 522 E. JENNINGS ST. TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AMBR Linn Robert E SR 375 Hidden Acres Monticello FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			Bob Linn 54 @gmail.com		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
E-MAIL ADDRESS			E-MAIL ADDRESS		

April 29, 2015

LINN'S IRRIGATION, LLC  
522 E. JENNINGS ST.  
TALLAHASSEE, FL 32301

SUBJECT: LINN'S IRRIGATION, LLC  
Ref. Number: L03000054450

We have received your check or money order, however, no other paperwork was submitted. In order for our office to accept the payment, we must also receive a payment voucher. Our office is unable to locate a payment voucher, or determine if a voucher was created.

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM, 4. EVENTS  
7. LIST  
ENTER SELECTION AND CR:

You will need to go to our website, [www.sunbiz.org](http://www.sunbiz.org), and click on the blue box entitled "File Current Year Annual Report or Amended Annual Report Here".

If you have previously filed the annual report, click on the words "Check Voucher Reprint Page," which are highlighted in blue in the fourth paragraph. Next, enter the entity's Florida document or registration number in the appropriate box and click the "submit" button. Print the voucher and return it along with the check, or money order, to our office to complete the filing process.

If you have not previously filed your annual report, please enter your document number and file the report. Next select the payment option. You may pay by credit/debit card or by check or money order. Reports filed by a credit or debit card post within 24 - 48 hours of receipt. If you opt to pay by check or money order, click "Check Payment". This will create a check voucher for you to print and return to our office along with your check or money order to complete the filing process.

+ NEXT, - PREV, 1. MENU, 2. FILING

7. LIST

ENTER SELECTION AND CR:

Please allow 10-14 days from the date of receipt for your annual report to post.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED VOUCHER TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton  
Regulatory Specialist II

Letter Number: 215A00008729

[www.sunbiz.org](http://www.sunbiz.org)  
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida  
32314

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM, 4. EVENTS  
7. LIST  
ENTER SELECTION AND CR: