

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000001910

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** STANDRIDGE BALED PINE STRAW, L.L.C.

**Current Principal Place of Business:**

4150 N.W. 50TH AVENUE  
CHIEFLAND, FL 32626

**New Principal Place of Business:**

**Current Mailing Address:**

4150 N.W. 50TH AVENUE  
CHIEFLAND, FL 32626

**New Mailing Address:**

**FEI Number:** 90-0665634

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STANDRIDGE, DORIS  
4150 N.W. 50TH AVENUE  
CHIEFLAND, FL 32626 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:** DORIS STANDRIDGE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** STANDRIDGE, DORIS  
**Address:** 4150 N.W. 50TH AVENUE  
**City-St-Zip:** CHIEFLAND, FL 32626

**Title:** MGRM  
**Name:** STANDRIDGE, DORIS  
**Address:** 4150 N.W. 50TH AVENUE  
**City-St-Zip:** CHIEFLAND, FL 32626

I hereby 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:** DORIS STANDRIDGE

MGRM

02/01/2012

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