

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000007031

FILED
Sep 30, 2009
Secretary of State

Entity Name: TERRA FIRMA SPECIALTIES, L.L.C.

Current Principal Place of Business:

5064 OUNTY HIGHWAY 192.
EFUNIAK CPRINGS, FL 32433

New Principal Place of Business:

5064 COUNTY HIGHWAY 192.
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

5064 COUNTY HIGHWAY 192.
DEFUNIAK PRINGS, FL 32433

New Mailing Address:

5064 COUNTY HIGHWAY 192.
DEFUNIAK SPRINGS, FL 32433

FEI Number: 20-0665462 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAUGHT, BRUCE A
385 HIGHWAY 98 E, STE 220
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

HAUGHT, BRUCE A
543 HARBER BLVD. SUITE 403
DESTIN, FL 32541 US

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: HAUGHT BRUCE A.

09/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STREACKER, PAUL D
Address: 5064 COUNTY HIGHWAY 192
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGRM () Delete
Name: STREACKER, PAM
Address: 5064 COUNTY HIGHWAY 192
City-St-Zip: DEFUNIAK, FL 32541

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PAMELA L. STREACKER

MGRM

09/30/2009

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