


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000011028		
1. Entity Name STOSSEL'S TURKEY FEEDER, LLC		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT -5 AM 8:14

Principal Place of Business 14241 77TH PLACE NORTH LOXAHATCHEE, FL 33470 US	Mailing Address 14241 77TH PLACE NORTH LOXAHATCHEE, FL 33470 US
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2. Principal Place of Business 1129 SW 134th Ave Suite, Apt. #, etc.	3. Mailing Address 1129 SW 134th Ave. Suite, Apt. #, etc.
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City & State Okeechobee FL	City & State Okeechobee FL	4. FEI Number 20-0714492	Applied For Not Applicable
Zip 34974	Country Okeechobee	Zip 34974	Country Okeechobee

09292005 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent STOSSEL, ROBERT JR. 14241 77TH PLACE NORTH LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name: Stossel, Robert Jr. Street Address (P.O. Box Number is Not Acceptable) 1129 SW 134th Avenue City: Okeechobee FL Zip Code: 34974	
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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.		9/29/05	
SIGNATURE		DATE	

FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOSSEL, ROBERT JR. 14241 77TH PLACE NORTH LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr Stossel, Robert Jr 1129 SW 134th Ave. Okeechobee, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800060777808 10/19/05--01055--003 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 exemption stated in Section 119.07(3)(i), 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: R.C. Stossel Jr	9/29/05	561-756-0436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #