

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000043503

FILED
Nov 09, 2005
Secretary of State

Entity Name: CEDAR RIDGE NURSERY, LLC

Current Principal Place of Business:

31109 PAYNE ROAD
SORRENTO, FL 32776 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 820
SORRENTO, FL 32776 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSH, JANE E
31109 PAYNE ROAD
SORRENTO, FL 32776 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: JANE E. WALSH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALSH, JANE E
Address: 31109 PAYNE ROAD
City-St-Zip: SORRENTO, FL 32776 US

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANE E. WALSH

MGRM

11/09/2005

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