

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000073299

FILED
Sep 26, 2007
Secretary of State

Entity Name: SEXTON BROS. FARMS, LLC

Current Principal Place of Business:

P.O. BOX 1088
ALVA, FL 33920 US

New Principal Place of Business:

9652 BLUE STONE CIRCLE
FORT MYERS, FL 33913 US

Current Mailing Address:

P.O. BOX 1088
ALVA, FL 33920 US

New Mailing Address:

9652 BLUE STONE CIRCLE
FORT MYERS, FL 33913 US

FEI Number: 33-1102547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

RAMUNNI, STEVEN A
2211 PECK ST
SUITE 250
FORT MYERS, FL 33901 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: STEVEN A RAMUNNI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SEXTON, STEPHEN J
Address: 4673 VARSITY CIR.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGR () Delete
Name: SEXTON, SCOTT T
Address: 4681 VARSITY CIR.
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SEXTON, STEPHEN J
Address: 9652 BLUE STONE CIRCLE
City-St-Zip: FORT MYERS, FL 33913

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: STEVEN SEXTON

MGRM

09/26/2007

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