

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000084206

**FILED**  
**May 03, 2009**  
**Secretary of State**

**Entity Name:** EMERALD AMETHYST FARM, LLC

**Current Principal Place of Business:**

14596 ROLLING ROCK PLACE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

19505 NW 184TH TERRACE  
HIGH SPRINGS, FL 32643

**Current Mailing Address:**

14596 ROLLING ROCK PLACE  
WELLINGTON, FL 33414

**New Mailing Address:**

19505 NW 184TH TERRACE  
HIGH SPRINGS, FL 32643

FEI Number: 20-1845329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRITT, BARBARA J  
14596 ROLLING ROCK PLACE  
WELLINGTON, FL 33414 US

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

BRITT, BARBARA J  
19505 NW 184TH TERRACE  
HIGH SPRINGS, FL 32643 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: BARBARA J. BRITT

05/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRITT, BARBARA J  
Address: 14596 ROLLING ROCK PLACE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete  
Name: EICHLER, GARY E  
Address: 14596 ROLLING ROCK PLACE  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BRITT, BARBARA J  
Address: 19505 NW 184TH TERRACE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: MGRM (X) Change ( ) Addition  
Name: EICHLER, GARY E  
Address: 19505 NW 184TH TERRACE  
City-St-Zip: HIGH SPRINGS, FL 32643

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: BARBARA J. BRITT

MGRM

05/03/2009

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