

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000093326

**FILED**  
**Oct 18, 2007**  
**Secretary of State**

**Entity Name:** DEAN TRACTOR AND TREE, LLC

**Current Principal Place of Business:**

8256 LUCENA ST.  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

8256 LUCENA ST.  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 20-1987589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEAN, TIMOTHY M  
8256 LUCENA ST.  
NAVARRE, FL 32566 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:** TIMOTHY DEAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEAN, TIMOTHY M  
Address: 8256 LUCENA ST.  
City-St-Zip: NAVARRE, FL 32566

Title: MGR ( ) Delete  
Name: DEAN, MARSHALL S  
Address: 8256 LUCENA ST.  
City-St-Zip: NAVARRE, FL 32566

Title: MGR ( ) Delete  
Name: LOWE, CHRISTOPHER D  
Address: 1924 CONSTITUTION DRIVE  
City-St-Zip: NAVARRE, FL 32566

Title: MGR ( ) Delete  
Name: MCFEELEY, SUSAN A  
Address: 8256 LUCENA STREET  
City-St-Zip: NAVARRE, FL 32566 US

**ADDITIONS/CHANGES:**

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

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

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:** TIMOTHY DEAN

MGR

10/18/2007

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