

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000014714

Entity Name: RIVERSIDE FARMS LLC

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

840 SE 131TH ST
OCALA, FL 34480

New Principal Place of Business:

840 SE 131ST STREET
OCALA, FL 34480 US

Current Mailing Address:

P.O. BOX 480
BELLEVIEW, FL 34480

New Mailing Address:

P.O. BOX 460
BELLEVIEW, FL 34421 US

FEI Number: 20-2320521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SWANSON, VIVIEN L
2522 SW 27TH AVE
OCALA, FL 34474 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: MARTHA M. BALSINDE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BALSINDE, CARLOS
Address: 840 SE 131TH ST
City-St-Zip: OCALA, FL 34480

Title: MGR () Delete
Name: BALSINDE, MARTHA
Address: 840 SE 131TH ST
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BALSINDE, CARLOS H
Address: 840 SE 131TH ST
City-St-Zip: OCALA, FL 34480 US

Title: MGR (X) Change () Addition
Name: BALSINDE, MARTHA M
Address: 840 SE 131TH ST
City-St-Zip: OCALA, FL 34480 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTHA M. BALSINDE

MGR

01/18/2007

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