2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 16, 2009
Secretary of State

DOCUMENT# L05000014714

Entity Name: RIVERSIDE FARMS LLC

Current Principal Place of Business:

840 SE 131ST STREET
OCALA, FL 34480 US

New Principal Place of Business:

917 DOUTHIT ROAD
SYLVESTER, GA 31791 US

Current Mailing Address:

840 SE 131ST STREET
OCALA, FL 34480 US

New Mailing Address:

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

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:

BALSINDE, MARTHA M
840 SE 131ST STREET
OCALA, FL 34480 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: MARTHA M. BALSINDE 12/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

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

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: MARTHA M. BALSINDE MGR 12/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date