

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000046998

FILED
Aug 27, 2009
Secretary of State

Entity Name: TIMUCUA TREE FARM & NURSERY, LLC

Current Principal Place of Business:

6720 N U.S. 1
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

6720 N US 1
MIMS, FL 32754

New Mailing Address:

4988 OLD BLUE RIDGE RD.
EDGEWATER, FL 32141

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

SHOUP, RYAN
6720 N US 1
MIMS, FL 32754 US

Name and Address of New Registered Agent:

SHOUP, KIM
4988 OLD BLUE RIDGE ROAD
EDGEWATER, FL 32141 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: KIM SHOUP

08/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHOUP, RYAN
Address: 6720 N. US 1
City-St-Zip: MIMA, FL 32754

Title: MGRM () Delete
Name: GUARCH, KIM
Address: 6720 N US 1
City-St-Zip: MIMS, FL 32754

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHOUP, KIM
Address: 4988 OLD BLUE RIDGE RD.
City-St-Zip: EDGEWATER, FL 32141

Title: MGR (X) Change () Addition
Name: SHOUP, RYAN
Address: 4988 OLD BLUE RIDGE ROAD
City-St-Zip: EDGEWATER, FL 32141

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: KIM L SHOUP

MGRM

08/27/2009

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