

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000059933

Entity Name: EKC CITRUS GROWERS, LLC

FILED
Oct 08, 2009
Secretary of State

Current Principal Place of Business:

7192 SW ENVIRONMENTAL LAB ST
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

7192 SW ENVIRONMENTAL LAB ST
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 13-4306952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SENSENIG, DANIEL
7192 SW ENVIRONMENTAL LAB ST
ARCADIA, FL 34266 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: DANIEL M. SENSENIG

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHRISTOPHEL, EMMANUEL K
Address: 12769 SE CR 763
City-St-Zip: ARCADIA, FL 34266

Title: MGRM () Delete
Name: CAIN, THOMAS D
Address: 7192 ENVIRONMENTAL LAB STREET
City-St-Zip: ARCADIA, FL 34266

Title: MGRM () Delete
Name: SENSENIG, DANIEL M
Address: 7192 ENVIRONMENTAL LAB STREET
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CAIN, THOMAS D
Address: 5970 NW SYCAMORE STREET
City-St-Zip: ARCADIA, FL 34266

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: EMMANUEL K. CHRISTOPHEL

MGR

10/08/2009

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