

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000086884

**FILED**  
**Mar 15, 2007**  
**Secretary of State**

**Entity Name:** TEA LAND HOLDINGS NO. 10, LLC

**Current Principal Place of Business:**

111 EAST HOWARD STREET  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

111 EAST HOWARD STREET  
LIVE OAK, FL 32064

**New Mailing Address:**

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

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

HARRELL, MICHAEL H  
111 EAST HOWARD STREET  
LIVE OAK, FL 32064 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: MICHAEL HARRELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: HARRELL, MICHAEL H  
Address: 111 EAST HOWARD STREET  
City-St-Zip: LIVE OAK, FL 32064

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

Title: MGRM ( ) Delete  
Name: NEWSOME, JESSICA R  
Address: 111 EAST HOWARD STREET  
City-St-Zip: LIVE OAK, FL 32064

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

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: MICHAEL HARRELL

MGRM

03/15/2007

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