

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000096492

Entity Name: SUWANNEE FARMS, LLC

FILED  
Sep 28, 2007  
Secretary of State

## Current Principal Place of Business:

19620 N CR 349  
O'BRIEN, FL

## New Principal Place of Business:

19620 N CR 349  
O'BRIEN, FL 32071

## Current Mailing Address:

19620 N CR 349  
O'BRIEN, FL

## New Mailing Address:

19620 N CR 349  
O'BRIEN, FL 32071

FEI Number: 58-1358934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PAYNE, CINDY  
19620 N CR 349  
O'BRIEN, FL US

## Name and Address of New Registered Agent:

PAYNE, CINDY  
19620 N CR 349  
O'BRIEN, FL 32071 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: CINDY PAYNE

09/28/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WIGHT, ROBERT P JR  
Address: 1421 MARYANN AVENUE  
City-St-Zip: TIFTON, GA 31794

Title: MGR ( ) Delete  
Name: HALL, JOSEPH S  
Address: 2901 HALL DRIVE  
City-St-Zip: DONALSONVILLE, GA 31794

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WIGHT, ROBERT P JR  
Address: 421 BEACHSIDE PLACE  
City-St-Zip: AMELIA ISLAND, FL 32034

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: ROBERT P. WIGHT, JR.

MGR.

09/28/2007

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