

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000105332

**FILED**  
**Oct 16, 2008**  
**Secretary of State**

**Entity Name:** WINTER PAST FARM, L.L.C.

**Current Principal Place of Business:**

1345 EVALYN DR, SE  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

1345 EVALYN DR SE  
WINTER HAVEN, FL 33880 US

**New Mailing Address:**

1345 EVALYN DR, SE  
WINTER HAVEN, FL 33880 US

**FEI Number:** 20-3748895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARONE, KRISTEN A V  
1345 EVALYN DR SE  
WINTER HAVEN, FL 33880 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:** KRISTEN A. MARONE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** VSTD ( ) Delete  
**Name:** MARONE, KRISTEN A  
**Address:** 1345 EVALYN DR., SE  
**City-St-Zip:** WINTER HAVEN, FL 33880 US

**Title:** P ( ) Delete  
**Name:** MARONE, GREGORY C  
**Address:** 1345 EVALYN DR., SE  
**City-St-Zip:** WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES:**

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

**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:** KRISTEN A. MARONE

V

10/16/2008

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