

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000105735

**Entity Name:** GILCHRIST MELONS LLC

**FILED**  
**Jun 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

6900 S 50TH  
TRENTON, FL 32693

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 59  
SCHOOLCRAFT, MI 49087

**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:**

BAILEY, HOWARD  
6900 S 50TH  
TRENTON, FL 32693 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: HOWARD BAILEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BAILEY, HOWARD  
Address: 6900 S 50TH  
City-St-Zip: TRENTON, FL 32693

**ADDITIONS/CHANGES:**

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: HOWARD BAILEY

MGR

06/08/2007

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