

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000061953

1. Entity Name
MANATEE MUSHROOMS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 29 PM 4:35

Principal Place of Business
6265 JUNIPER CREEK RD
QUINCY, FL 32351

Mailing Address
6265 JUNIPER CREEK RD
QUINCY, FL 32351

2. Principal Place of Business - No P.O. Box #
Bowen Farm Rd
Suite, Apt. #, etc.

3. Mailing Address
3412 Welwyn Way
Suite, Apt. #, etc.



02252008 REIN-LLC CR2E101 (1/07)

City & State
Quincy FL
Zip
32351
Country
GADSDEN

City & State
Tallahassee FL
Zip
32309
Country
LEON

4. FEI Number
20-5061612
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ALLEN, RICHARD A
2801 REE DRIVE
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3412 Welwyn Way
City
Tallahassee FL Zip Code
32309

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 2/26/08

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARAGON FARMS OF QUINCY INC. 6265 JUNIPER CREEK RD QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATWOOD, BRUCE 1400 VILLAGE SQUARE BLVD #3-133 TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARD A. ALLEN 3412 Welwyn Way Tallahassee, FL 32309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200119111282 02/29/08--01014--004 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [Signature] DATE 2/26/08 DAYTIME PHONE # 850-251-5904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE