

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000076535

Entity Name: GRIFFON GATE FARM LLC

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

13833 WELLINGTON TRACE  
E-4 #446  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

109 RAVENSCROFT WAY  
JACKSONVILLE, NC 28540 US

**New Mailing Address:**

FEI Number: 22-3939231      FEI Number Applied For ( )      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:**

WILLIAMS, HEATHER K  
13833 WELLINGTON TRACE  
E-4 #446  
WELLINGTON, FL 33414 US

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

HARGETT, HEATHER K  
13833 WELLINGTON TRACE  
E-4 #446  
WELLINGTON, FL 33414 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: HEATHER K. HARGETT

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILLIAMS, HEATHER K  
Address: 109 RAVENSCROFT WAY  
City-St-Zip: JACKSONVILLE, NC 28540 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HARGETT, HEATHER K  
Address: 109 RAVENSCROFT WAY  
City-St-Zip: JACKSONVILLE, NC 28540 US

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: HEATHER K. HARGETT

MGR

01/15/2009

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