

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000008284

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** INDIGO FARMS HERB AND PRODUCE CO., LLC

**Current Principal Place of Business:**

1317 SW 226TH ST.  
NEWBERRY, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

1317 SW 226TH ST.  
NEWBERRY, FL 32669

**New Mailing Address:**

**FEI Number:** 20-8358370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EMBURY, JENNIFER E DVM  
1317 SW 226TH ST.  
NEWBERRY, FL 32669 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:** JENNIFER E. EMBURY, DVM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** EMBURY, JENNIFER E DVM  
**Address:** 1317 SW 226TH ST.  
**City-St-Zip:** NEWBERRY, FL 32669

**Title:** MGRM  
**Name:** JACOB, GEORGE MD  
**Address:** 1317 SW 226TH ST.  
**City-St-Zip:** NEWBERRY, FL 32669

I hereby 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:** JENNIFER E. EMBURY, DVM

MGRM

10/04/2010

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