## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L07000011701

Entity Name: BUCK-N-HAND FARMS, LLC

**FILED** Mar 03, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

**1843 STATE ROAD 13** 

SAINT JOHNS, FL 32259 US

**Current Mailing Address: New Mailing Address:** 

1843 STATE ROAD 13

SAINT JOHNS, FL 32259 US

FEI Number: 20-8448600 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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:

UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD

SUITE A-100

SUITE A-100 ST JOHNS, FL 32259 US TAMPA, FL 336123425 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.

MURPHY, MICHELLE

1843 STATE ROAD 13

03/03/2009 SIGNATURE: MICHELLE MURPHY

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

MURPHY, MICHELLE E Name: Name: Address: 1843 STATE ROAD 13 Address: City-St-Zip: SAINT JOHNS, FL 32259 US City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: MURPHY, MICHAEL A Name: Address: 1843 STATE ROAD 13 Address: City-St-Zip: SAINT JOHNS, FL 32259 US 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: MICHELLE MURPHY 03/03/2009