

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000018815

1. Entity Name  
FLORIDA GREEN PARTNERS, LLC



FILED

09 APR 21 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
4481 RAINTREE DRIVE  
C/O JUDGE J. RAY GATLIN  
MACCLENNY, FL 32063

Mailing Address  
4481 RAINTREE DRIVE  
C/O JUDGE J. RAY GATLIN  
MACCLENNY, FL 32063

2. Principal Place of Business - No P.O. Box #  
5213 Richardson Road

3. Mailing Address  
P.O. Box 403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082009 REIN-LLC CR2E101 (1/07)

City & State

Glen St. Mary, FL 32040

City & State

Macclenny, FL 32063

4. FEI Number

20-8567724

Applied For

Not Applicable

Zip  
32040

Country

Baker

Zip  
32063

Country  
US

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

AKEL, EDWARD C  
ONE INDEPENDENT DRIVE, SUITE 2301  
JACKSONVILLE, FL 32202

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 MGR  
NAME GATLIN, J. RAY JUDGE  
STREET ADDRESS 4481 RAINTREE DRIVE  
CITY-ST-ZIP MACCLENNY, FL 32063 ☐ Delete

TITLE MGR  
NAME GATLIN, BLAIR D  
STREET ADDRESS 4481 RAINTREE DRIVE  
CITY-ST-ZIP MACCLENNY, FL 32063 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300150701853  
04/16/09--01044--026 \*\*277.50

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
L. SELLERS  
APR 22 2009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
EXAMINER

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
REINSTATEMENT 0809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/14/09 904-259-3740  
Date Daytime Phone #