2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000029240

Address:

City-St-Zip:

1525 TOM COKER ROAD SW

LABELLE, FL 33935 US

Entity Name: PETERSON BROTHERS LLC

FILED Oct 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 28850 JACKS BRANCH RD SW. LABELLE, FL 33935 **Current Mailing Address: New Mailing Address:** 28850 JACKS BRANCH RD SW. LABELLE, FL 33935 FEI Number: 13-4357661 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: PETERSON, BRIAN K 28850 JACKS BRANCH RD SW. LABELLE, FL 33935 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: BRIAN K. PETERSON Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PETERSON, BRIAN K Name: Name: Address: 28850 JACKS BRANCH RD SW. Address: City-St-Zip: LABELLE, FL 33935 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PETERSON, MELISSA Name: Address: 28850 JACKS BRANCH RD SW Address: City-St-Zip: LABELLE, FL 33935 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PETERSON, JOHNNY B JR. Name: Name: 2230 POICIANNA BLVD. Address: Address: City-St-Zip: FORT MYERS, FL 33905 US City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition Name: STEVEN, ERWIN SR. Name:

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.

Address:

City-St-Zip:

SIGNATURE: BRIAN K. PETERSON MM 10/18/2009