

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000029757

1. Entity Name  
STAR LANE FARMS, LLC



FILED

09 MAY 28 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
5251 NW 56 PLACE  
CHEIFLAND, FL 32626

Mailing Address  
5251 NW 56 PLACE  
CHEIFLAND, FL 32626



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282009 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-8701233

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUVALL, ROBERT  
5251 NW 56 PLACE  
CHEIFLAND, FL 32626

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

(NOTE: Registered Agent signature required when reinstating)

4/25/09  
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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME DUVALL, ROBERT  
STREET ADDRESS 285 TOWN COURT  
CITY-ST-ZIP BRONSON, FL 32621

TITLE MGRM ☒ Change ☐ Addition  
NAME DUVALL, ROBERT  
STREET ADDRESS 5251 NW 56 PLACE  
CITY-ST-ZIP CHEIFLAND FL 32626

TITLE ☐ Delete  
NAME **REINSTATEMENT**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME 0809  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

ACTIVE MANAGER