2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000029757

1. Entity Name STAR LANE FARMS, LLC



FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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2. Principal Place of Business - No P.O. Box #			3. Mailing Address						100 1 11 1001		
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12 .p		Country	2p County			5. Certificate	of Status Desired		Fee Require		
R Name and Address of Assessed			Barletered Acout				Address of New C	Paralatarari			
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
COLUMN TO SERVICE	DADEDT.			Nan	RU .						
DUVALL,				Street Address (P.O.			r is Not Acceptable	a)			
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				City				Fì	Zip Cod	le	
			or the purpose of changing its	registered offic	e or registe	red agent, or bot	h, in the State of Flo	orida. I am	familiar with,	and accept	
the obligat	tions of regist	ered agent					/ و	1	. 0.		
SIGNATURE .	_		4				4 /:	2S 10	79		
Oldivitorie.	Signature typed	or printed name of registered agent	t and title if applicable. (NOT	E: Registered Agent	algnature requi	ired when reinstating)	,	DATE	,		
In accordance with s)7.193(2)(b), F.S., the limited Make check payable to						
F11 B		-00 10 0022 00	i in accordance with	s. 607.193(2)(D), F.S., th	ne limited i	mak	e check b	zayabie io	Ì	
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9.		MANAGING MEMBI	liability company did	10.	he prior no	tice.	Florida	Departm	ent of Stat		
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ACTION-MANAGER

^{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 ceth; that I am a managing member or manager of the limited liability company or the receiver or tustee empowered to execute this report as required by Chapter 608, Florida Statutes.