

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000041132

**FILED**  
**Dec 20, 2010**  
**Secretary of State**

**Entity Name:** CONAWAY LIVESTOCK, LLC.

**Current Principal Place of Business:**

1515 ARREDONDO GRANT ROAD  
DELEON SPRINGS, FL 32130 US

**New Principal Place of Business:**

**Current Mailing Address:**

1515 ARREDONDO GRANT ROAD  
DELEON SPRINGS, FL 32130 US

**New Mailing Address:**

P.O. BOX 1063  
DELEON SPRINGS, FL 32130 US

FEI Number: 20-8864158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONAWAY, KIM  
1515 ARREDONDO GRANT ROAD  
DELEON SPRINGS, FL 32130 US

**Name and Address of New Registered Agent:**

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: KIM CONAWAY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CONAWAY, KIM  
Address: 1515 ARREDONDO GRANT ROAD  
City-St-Zip: DELEON SPRINGS, FL 32130 US

I hereby 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: KIM CONAWAY

MGR

12/20/2010

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date