

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000043425

FILED
Oct 29, 2009
Secretary of State

Entity Name: BARNES ENTERPRISES, LLC

Current Principal Place of Business:

54 FELI WAY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

54 FELI WAY
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 20-5221970 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

FRANCES CASEY LOWE, P.A.
3119-B CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327 US

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: FRANCES CASEY LOWE, P.A.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BARNES, NATHAN S
Address: 8 HINES STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Delete
Name: BARNES, NATHAN S
Address: 8 HINES STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: BARNES, DELLA S
Address: 8 HINES STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Delete
Name: BARNES, DELLA S
Address: 8 HINES STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NATHAN BARNES

P

10/29/2009

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