

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000051526

1. Entity Name
MTK FARM-LLC



Principal Place of Business
6147 HWY 90
MARIANNA, FL 32446

Mailing Address
6147 HWY 90
MARIANNA, FL 32446

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

12192011 REIN-LLC CR2E101 (1/07)

4. FEI Number
26-0190514

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

BARFIELD, TRACEY R
6147 HWY 90
MARIANNA, FL 32446

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

Tracey Barfield

(NOTE: Registered Agent signature required when reinstating)

DATE

12-19-2011

FILE NOW!!! FEE IS \$238.75
After January 1, 2012, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BARFIELD, MICHAEL G
STREET ADDRESS 6147 HWY 90
CITY - ST - ZIP MARIANNA, FL 32446

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

TITLE MGRM ☐ Delete
NAME BARFIELD, TRACEY R
STREET ADDRESS 6147 HWY 90
CITY - ST - ZIP MARIANNA, FL 32446

TITLE ☐ Change ☐ Addition
NAME 800215344212
STREET ADDRESS 12/20/11--01001--001 **238.75
CITY - ST - ZIP

TITLE MGRM ☐ Delete
NAME BARFIELD, MICHAEL K
STREET ADDRESS 6147 HWY 90
CITY - ST - ZIP MARIANNA, FL 32446

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

Tracey Barfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

12-19-2011

FILED

11 DEC 19 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

