

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000068699

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** GREENWATER, LLC

**Current Principal Place of Business:**

694 BALDWIN AVENUE  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

1420 N HWY 395  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

POST OFFICE BOX 45  
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

POST OFFICE BOX 405  
DEFUNIAK SPRINGS, FL 32435

**FEI Number:** 26-0499727      **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:**

MATTHEWS, DANA C  
MATTHEWS & HAWKINS, P.A.  
4475 LEGENDARY DRIVE  
DESTIN, FL 32541 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:** DANA MATTHEWS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGRM      ( ) Delete  
**Name:** LONGLEAF INVESTMENTS, LLC  
**Address:** 1413 NORTH COUNTY HIGHWAY 395  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459

**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:** LONGLEAF INVESTMENTS LLC

MGRM

04/30/2009

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