

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000095873

FILED
Nov 05, 2008
Secretary of State

Entity Name: WALTON LAND CLEARING, LLC

Current Principal Place of Business:

64 GARFIELD ST.
UNIT 6
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

64 GARFIELD ST.
UNIT 8
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

64 GARFIELD ST.
UNIT 6
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

P O BOX 1655
SANTA ROSA BEACH, FL 32459 US

FEI Number: **FEI Number Applied For (X)** **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:

DEAL, RONALD B
64 GARFIELD ST.
UNIT 6
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

DEAL, RONALD B
64 GARFIELD ST.
UNIT 8
SANTA ROSA BEACH, FL 32459 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: RONALD B DEAL

11/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEAL, RONALD B
Address: 64 GARFIELD ST., UNIT 6
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEAL, RONALD B
Address: P O BOX 1655
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: RONALD B DEAL

MGR

11/05/2008

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