

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000100466

FILED
Oct 27, 2008
Secretary of State

Entity Name: CHEROKEE FARM & CATTLE, LLC.

Current Principal Place of Business:

4811 24TH AVE E
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1793
PALMETTO, FL 34220 US

New Mailing Address:

FEI Number: 65-0893687 **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:

MCCRANIE, ROBERT A
4811 24TH AVE E
PALMETTO, FL 34221 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: ROBERT A MCCRANIE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCRANIE, ROBERT A
Address: 4811 24TH AVE E
City-St-Zip: PALMETTO, FL 34221 US

Title: MGR () Delete
Name: MILLER, JOHN V
Address: 18205 PRAIRIE WOLF GLEN
City-St-Zip: PARRISH, FL 34219 US

Title: MGR () Delete
Name: MILLER, TIMOTHY I
Address: 4640 C R 675
City-St-Zip: BRADENTON, FL 34211 US

ADDITIONS/CHANGES:

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

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

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: ROBERT A MCCRANIE

MGR

10/27/2008

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