

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000026740

Entity Name: LEAF WAY, LLC

**FILED**  
**Oct 02, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

10747 68TH TERRACE  
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 130  
LIVE OAK, FL 32064

**New Mailing Address:**

P O BOX 969  
LIVE OAK, FL 32064

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

MARTIN, CAROL B  
10747 68TH TERRACE  
LIVE OAK, FL 32060 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: CAROL B MARTIN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: MARTIN, CAROL B PRES  
Address: 10747 68TH TERRACE  
City-St-Zip: LIVE OAK, FL 32064

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: CAROL B MARTIN

PRES

10/02/2009

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