

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000058565

FILED
Sep 30, 2009
Secretary of State

Entity Name: BARNETT FINANCIAL TRUST, LLC

Current Principal Place of Business:

14828 NW 107 TERRACE
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

14828 NW 107 TERRACE
ALACHUA, FL 32615 US

New Mailing Address:

FEI Number: 26-2804845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BARNETT, JUSTIN G
14828 NW 107 TERRACE
ALACHUA, FL 32615 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: JUSTIN BARNETT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARNETT, WILLIAM
Address: 14828 NW 107 TERRACE
City-St-Zip: ALACHUA, FL 32615 US

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

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

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: BARNETT, JUSTIN
Address: 14828 NW 107 TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: MGR () Change (X) Addition
Name: BARNETT, DAVID S
Address: 14828 NW 107 TERRACE
City-St-Zip: ALACHUA, FL 32615

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: JUSTIN BARNETT

MGR

09/30/2009

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