

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000080710

Entity Name: ALFALFA SEEDS, LLC

FILED  
Oct 14, 2009  
Secretary of State

**Current Principal Place of Business:**

389 PALM COAST PKWY SW  
STE. 4  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

389 PALM COAST PKWY SW  
STE. 4  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 26-3364320      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:**

SCHENONE EKINCI, LISA  
389 PALM COAST PKWY SW  
STE. 4  
PALM COAST, FL 32137 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: LISA SCHENONE EKINCI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ESQUER, RAFAEL  
Address: 247 CENTRE STREET, 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10013 US

Title: MGRM ( ) Delete  
Name: SCHENONE EKINCI, LISA  
Address: 389 PALM COAST PKWY, SW  
City-St-Zip: PALM COAST, FL 32137 US

**ADDITIONS/CHANGES:**

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: LISA SCHENONE EKINCI

MGRM

10/14/2009

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