

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000038300

**FILED**  
**Dec 09, 2011**  
**Secretary of State**

**Entity Name:** GOURDS AND GOPHERS PLANT NURSERY "LLC"

**Current Principal Place of Business:**

137 EDGAR POOLE ROAD  
CRAWFORDVILLE, FL 32326

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 728  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

**FEI Number:** 03-0564647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOWLES, JR., ALTON M  
137 EDGAR POOLE ROAD  
CRAWFORDVILLE, FL 32326 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: ALTON M. TOWLES JR.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TOWLES, JR., ALTON M  
Address: 137 EDGAR POOLE ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32326

I hereby 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: ALTON M. TOWLES JR.

RA

12/09/2011

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