

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000101193

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** ROCKY CREEK SPRING WATER LLC

**Current Principal Place of Business:**

195 N JEFFERSON ST.  
MONTICELLO, FL 32344

**New Principal Place of Business:**

479 N.W. BETHEARL CT  
LAKE CITY, FL 32055

**Current Mailing Address:**

195 N JEFFERSON ST.  
MONTICELLO, FL 32344

**New Mailing Address:**

479 N.W. BETHEARL CT  
LAKE CITY, FL 32055

**FEI Number:** 27-4576646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SURLES, J.T.  
195 N JEFFERSON ST  
MONTICELLO, FL 32344 US

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

LYONS, JIMMY  
479 N.W. BETHEARL CT  
LAKE CITY, FL 32055 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: JIMMY C. LYONS

03/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SURLES, J.T. III  
Address: 195 N JEFFERSON ST.  
City-St-Zip: MONTICELLO, FL 32344

Title: MGRM  
Name: LYONS, JIMMY C  
Address: 479 NW BETHEARL COURT  
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM  
Name: BLAIR, HUGH W  
Address: 150 NE CHEROKEE ROSE WAY  
City-St-Zip: MADISON, FL 32340

Title: MGRM  
Name: SURLES, TOMMY JR.  
Address: 225 N JEFFERSON ST.  
City-St-Zip: MONTICELLO, FL 32344

Title: MGRM  
Name: DANIELS, BILLY  
Address: 865 GOSE ROAD.  
City-St-Zip: FORSYTH, GA 31029

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: JIMMY C. LYONS.

MGRM

03/08/2011

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