

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000000386

Entity Name: HEALTHY LAND LLC

**FILED**  
**May 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4239 SW GROVE STREET  
PALM CITY, FL 34990

**New Principal Place of Business:**

7164 SE CRICKET CT  
STUART, FL 34997

**Current Mailing Address:**

4239 SW GROVE STREET  
PALM CITY, FL 34990

**New Mailing Address:**

7164 SE CRICKET CT  
STUART, FL 34997

FEI Number: 27-2120612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LAMPARD, WILLIAM  
4239 SW GROVE STREET  
PALM CITY, FL 34990 US

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

LAMPARD, WILLIAM  
7164 SE CRICKET CT  
STUART, FL 34997 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: WILLIAM LAMPARD

05/17/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LAMPARD, WILLIAM  
Address: 7164 SE CRICKET CT  
City-St-Zip: STUART, FL 34997

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: WILLIAM LAMPARD

MGRM

05/17/2012

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