

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000012008

FILED
Mar 14, 2012
Secretary of State

Entity Name: NATIVE AMERICAN NURSERIES LLC

Current Principal Place of Business:

9602 TORTOISE LN
MICCO, FL 32976

New Principal Place of Business:

Current Mailing Address:

9602 TORTOISE LN
MICCO, FL 32976

New Mailing Address:

FEI Number: 27-1889885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

LAURI, THOMPSON L
9602 TORTOISE LANE
MICCO, FL 32976 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: LAURI L THOMPSON

03/14/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: THOMPSON, LAURI L
Address: 9602 TORTOISE LN
City-St-Zip: MICCO, FL 32976

Title: VMGR
Name: THOMPSON, DALE R
Address: 9602 TORTOISE LN
City-St-Zip: MICCO, FL 32976

Title: S
Name: THOMPSON, LAURI L
Address: 9602 TORTOISE LN
City-St-Zip: MICCO, FL 32976

Title: T
Name: THOMPSON, DALE R
Address: 9602 TORTOISE LN
City-St-Zip: MICCO, FL 32976

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: LAURI L THOMPSON

MGR

03/14/2012

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