

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000113781

**FILED**  
**Sep 28, 2011**  
**Secretary of State**

**Entity Name:** NATIVE LAND WORKS, LLC.

**Current Principal Place of Business:**

29425 BILLIE JOHN STREET  
CLEWISTON, FL 33440 US

**New Principal Place of Business:**

**Current Mailing Address:**

4839 S.W. 148TH AVE.  
SUITE # 452  
SOUTHWEST RANCHES, FL 33330 US

**New Mailing Address:**

**FEI Number:** 36-4672476      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WILCOX, CORY  
29425 BILLIE JOHN STREET  
CLEWISTON, FL 33440 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:** CORY WILCOX

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** WILCOX, CORY  
**Address:** 29425 BILLIE JOHN STREET  
**City-St-Zip:** CLEWISTON, FL 33440 US

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:** CORY WILCOX

MGR

09/28/2011

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