

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000004182

Entity Name: PALMETTO PLANTATION, LLC

FILED  
Sep 29, 2009  
Secretary of State

**Current Principal Place of Business:**

ROUTE 2, BOX 71  
LEARY, GA 39862

**New Principal Place of Business:**

**Current Mailing Address:**

POB 951  
PORT SAINT JOE, FL 32457

**New Mailing Address:**

ROUTE 2, BOX 71  
LEARY, GA 39862

FEI Number: 20-1478340      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GROOM, PAUL W II  
206 E. 4TH STREET  
PORT ST JOE, FL 32456      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: PAUL W. GROOM, II

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SQUIRES, RICHARD  
Address: 1306 MONUMENT AVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: MGRM      ( ) Delete  
Name: MOYE, THOMAS E  
Address: ROUTE 2, BOX 71  
City-St-Zip: LEARY, GA 39862

Title: MGRM      ( ) Delete  
Name: HAMM, GEORGE P  
Address: P.O. BOX 275  
City-St-Zip: LAKE LAND, FL 31635

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICHARD SQUIRES

MGRM

09/29/2009

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