

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

ADDITIONS/CHANGES:

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

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

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

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

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