

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000094245

Entity Name: JVP LANDSCAPING LLC

FILED  
Feb 01, 2009  
Secretary of State

**Current Principal Place of Business:**

1209 N TAMiami TRAIL  
#90  
N FORT MYERS, FL 33903

**New Principal Place of Business:**

6720 GOLDEN RD  
N FORT MYERS, FL 33917

**Current Mailing Address:**

P.O. BOX 62148  
FORT MYERS, FL 33906

**New Mailing Address:**

FEI Number: 26-1081364      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

VELASCO PAZ, JUAN  
1209 N TAMiami TRAIL  
#90  
N FORT MYERS, FL 33903 US

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

VELASCO PAZ, JUAN  
6720 GOLDEN RD  
N FORT MYERS, FL 33917 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: JUAN VELASCO PAZ

02/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VELASCO PAZ, JUAN  
Address: 1209 N TAMiami TRAIL #90  
City-St-Zip: N FORT MYERS, FL 33903

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VELASCO PAZ, JUAN  
Address: 6720 GOLDEN RD  
City-St-Zip: N FORT MYERS, FL 33917

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: JUAN VELASCO PAZ

MGRM

02/01/2009

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