2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# P03000073001

Entity Name: L & L TOTAL LAWN CARE INC.

Current Principal Place of Business:

1617 ORAGNE AVENUE
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

1617 ORAGNE AVENUE
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: 20-0299066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

TM REGISTERED AGENT INC
5647 110TH AVE NORTH
ROYAL PALM BEACH, FL 33411 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: DAVID WROBLEWSKI, VP 06/24/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ODOM, LARRY D PRES.
Address: 1617 ORANGE AVENUE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: V ( ) Delete
Name: ODOM, LEILA VP
Address: 1617 ORANGE AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ODOM, LARRY D
Address: 1617 ORANGE AVENUE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: VP (X) Change ( ) Addition
Name: ODOM, LEILA
Address: 1617 ORANGE AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY ODOM P 06/24/2009
Electronic Signature of Signing Officer or Director Date