

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000000454

FILED
Oct 26, 2004
Secretary of State

Entity Name: INDIAN RIVER LAWN MAINTENANCE, L.L.C.

Current Principal Place of Business:

4573 S.W. RACHEL STREET
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

617 S.W. CHANNEL AVENUE
STUART, FL 34994 US

Current Mailing Address:

4573 S.W. RACHEL STREET
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

617 S.W. CHANNEL AVENUE
STUART, FL 34994 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

COPELAND, JOHN K
10 CENTRAL PARKWAY, STE. 400
STUART, FL 34994 US

Name and Address of New Registered Agent:

COPELAND, JOHN K
853 S.E. MONTEREY COMMONS BLVD.
STUART, FL 34996 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: JOHN K. COPELAND

10/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BARNES, DOUGLAS J MGR
Address: 4573 S.W. RACHEL STREET
City-St-Zip: PORT ST. LUCIE, FL 34953 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARNES, DOUGLAS J MGR
Address: 617 S.W. CHANNEL AVENUE
City-St-Zip: STUART, FL 34994 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS J. BARNES

MGR.

10/26/2004

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