

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 14, 2005
Secretary of State

DOCUMENT# L00000010791

Entity Name: CLASSIC CARE PROFESSIONAL LAWN SERVICE L.L.C.

Current Principal Place of Business:

2017 INDIAN SPRINGS
JACKSONVILLE, FL 322461649

New Principal Place of Business:

Current Mailing Address:

2017 INDIAN SPRINGS
JACKSONVILLE, FL 322461649

New Mailing Address:

FEI Number: 02-0735304 **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:

SMITH, RICHARD W III
2017 INDIAN SPRINGS
JACKSONVILLE, FL 322461649 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: RICHARD W. SMITH III

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: VP () Delete
Name: SMITH, RICHARD W III
Address: 2017 INDIAN SPRINGS DR.
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: SMITH, RICHARD W III
Address: 2017 INDIAN SPRINGS DR.
City-St-Zip: JACKSONVILLE, FL 32246

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: RICHARD W. SMITH III

MM

12/14/2005

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