

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000017611

FILED
Nov 02, 2005
Secretary of State

Entity Name: GULFCOAST LAWN & LANDSCAPING LLC

Current Principal Place of Business:

P.O. BOX 344
MATLACHA, FL 33993 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 344
MATLACHA, FL 33993 US

New Mailing Address:

FEI Number: 65-1128249 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:

Name and Address of New Registered Agent:

MALONEY, VINCENT L
12320 STAR SHELL DR
CAPE CORAL, FL 33991 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: VINCENT L. MALONEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MALONEY, VINCENT L
Address: 12320 STAR SHELL
City-St-Zip: MATLACHA, FL 33991 US

Title: MGR () Delete
Name: MALONEY, ROXANNE
Address: 12320 STAR SHELL
City-St-Zip: MATLACHA, FL 33991 US

Title: MGR () Delete
Name: FORMAN, SCOTT
Address: 12320 STAR SHELL
City-St-Zip: MATLACHA, FL 33991

ADDITIONS/CHANGES:

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

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

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

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: ROXANNE MALONEY

MGR

11/02/2005

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