
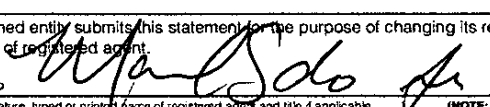
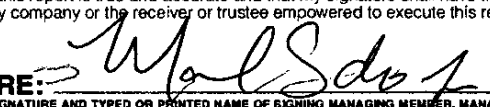


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 27 PM 12:05

REINSTATEMENT 04-05

DOCUMENT # L01000018417			
1. Entity Name GREENER LAWN ENFORCEMENT LLC			
Principal Place of Business 3840 BLACKBERRY CIRCLE ST. CLOUD, FL 34769		Mailing Address 12501 WINFIELD SCOTT BLVD ORLANDO, FL 32837	
2. Principal Place of Business 251 Roseling Crossing Suite, Apt. #, etc.		3. Mailing Address 251 Roseling Crossing Suite, Apt. #, etc.	
City & State Davenport, Florida Zip 33897 Country U.S.		City & State Davenport, Florida Zip 33897 Country U.S.	
4. FEI Number 59-3749192		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PUTRIMENT, CRAIG 12501 WINFIELD SCOTT BLVD ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Manuel Sordio Jr Street Address (P.O. Box Number is Not Acceptable) 251 Roseling Crossing City Davenport FL Zip Code 33897	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE 1-22-05	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PUTRIMENT, CRAIG 12501 WINFIELD SCOTT BLVD ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500045965 PFS 02/03/05--01010--022 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SERDIO, MANUEL JR 2230 CASCADES BLVD KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SERDIO, MANUEL JR 251 Roseling Crossing Davenport, FL 33897 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MOORE, RALPH 1207 CREEKWOOD CIRCLE ST CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CLAYTON, JOHN 3840 BLACKBERRY CIRCLE ST CLOUD, FL 34769 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		DATE 1-22-05 407-709-1921	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	