

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000018667

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** HILIMIRE INTEGRATED LANDSCAPING, LLC

**Current Principal Place of Business:**

1815 LATELIA CT  
TRINITY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

1815 LATELIA CT  
TRINITY, FL 34655

**New Mailing Address:**

**FEI Number:** 56-2285284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL FLORIDA FIRM, INC.  
813 DELTONA BLVD, STE A  
BOX 1401162  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

HILIMIRE, LLOYD H  
1815 LATELIA COURT  
TRINITY, FL 34655 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: LLOYD HILIMIRE

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: HILIMIRE, LLOYD  
Address: 1815 LATELIA CT.  
City-St-Zip: TRINITY, FL 34655

I hereby 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: LLOYD HILIMIRE

P

02/16/2011

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