

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000003583

**FILED**  
**Nov 10, 2008**  
**Secretary of State**

**Entity Name:** LAWN DOCTOR OF NEW TAMPA L.L.C.

**Current Principal Place of Business:**

11622 PYRAMID DR.  
ODESSA, FL 33556

**New Principal Place of Business:**

1746 NODDING THISTLE DRIVE  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

11622 PYRAMID DR.  
ODESSA, FL 33556

**New Mailing Address:**

1746 NODDING THISTLE DRIVE  
NEW PORT RICHEY, FL 34655

**FEI Number:** 14-1870008      **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:**

LUCADANO, PETER  
1746 NODDING THISTLE DR  
NEW PORT RICHEY, 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: PETER LUCADANO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LUCADANO, PETER  
Address: 17466 NODDING THISTLE DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM ( ) Delete  
Name: LUCADANO, DAVID  
Address: 17466 NODDING THISTLE DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LUCADANO, PETER  
Address: 1746 NODDING THISTLE DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM (X) Change ( ) Addition  
Name: LUCADANO, DAVID  
Address: 1746 NODDING THISTLE DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETER LUCADANO

MGR

11/10/2008

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