

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000031009

Entity Name: E & M SOD, LLC

FILED
Oct 17, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 1302
ARCADIA, FL 34265

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1302
ARCADIA, FL 34265

New Mailing Address:

FEI Number: 20-0144464 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:

ANDREW AMES, CPA, CFP
128 WEST OAK STREET
ARCADIA, FL 34266 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: ANDREW AMES, CPA, CFP

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: CARMONA, NANCY
Address: 1065 S.E. MILLS AVENUE
City-St-Zip: ARCADIA, FL 34266

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

Title: MGRM () Delete
Name: LORENA MARES, MARIA
Address: 1065 S.E. MILLS AVENUE
City-St-Zip: ARCADIA, FL 34266

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

Title: MGRM () Delete
Name: MARES, EFRAN MANUEL
Address: 1065 S.E. MILLS AVENUE
City-St-Zip: ARCADIA, FL 34266

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 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: NANCY CARMONA

MGRM

10/17/2006

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