

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000049866

1. Entity Name  
AAA LANDSCAPE SERVICES, LLC



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 25 PM 3:31

Principal Place of Business  
126 LAKERIDGE DRIVE  
PANAMA CITY, FL 32405 US

Mailing Address  
126 LAKERIDGE DRIVE  
PANAMA CITY, FL 32405 US

2. Principal Place of Business - No P.O. Box #  
126 Lakeridge Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
126 Lakeridge Dr.  
Suite, Apt. #, etc.

City & State  
Panama City FL  
Zip 32405 Country Bay

City & State  
Panama City FL  
Zip 32405 Country Bay

07202007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-1891473

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CASALINI, ERNEST G  
126 LAKERIDGE DRIVE  
PANAMA CITY, FL 32405

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Ernest G. Casalini*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-22-07

DATE

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

TITLE MGRM  
NAME CASALINI, ERNEST G  
STREET ADDRESS 126 LAKERIDGE DRIVE  
CITY-ST-ZIP PANAMA CITY, FL 32405 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400106806644  
07/27/07--01015--003 \*\*100.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400106806644  
07/27/07--01015--004 \*\*5.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
REINSTATEMENT

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
2006-2007

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
BLT

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*Ernest G. Casalini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-23-07

Date

850-258-6529

Daytime Phone #