

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000056372

**FILED**  
**Aug 04, 2013**  
**Secretary of State**

**Entity Name:** MOP, MOW & ROLL SERVICES LLC

**Current Principal Place of Business:**

8940 SW 82 CT  
TRENTON, FL 32693 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1515  
OLD TOWN, FL 32680 US

**New Mailing Address:**

**FEI Number:** 03-0516434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VERTREES, GARY  
8940 SW 82 CT  
TRENTON, FL 32693 US

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

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:** GARY VERTREES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** VERTREES, GARY  
**Address:** 8940 SW 82 CT  
**City-St-Zip:** TRENTON, FL 32693

**Title:** MGRM  
**Name:** VERTREES, GARY  
**Address:** 8940 SW 82ND COURT  
**City-St-Zip:** TRENTON, FL 32693 US

**Title:** MGRM  
**Name:** MOP MOW & ROLL  
**Address:** 8940 SW 82ND COURT  
**City-St-Zip:** TRENTON, FL 32693 US

**Title:** MGRM  
**Name:** VERTREES, GARY  
**Address:** PO BOX 1515  
**City-St-Zip:** OLD TOWN, FL 32680 US

**Title:** MGRM  
**Name:** MOP MOW & ROLL  
**Address:** PO BOX 1515  
**City-St-Zip:** OLD TOWN, FL 32680 US

**Title:** MGRM  
**Name:** VERTREES, GARY  
**Address:** 8940 SW 82ND COURT  
**City-St-Zip:** TRENTON, FL 32693 US

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:** GARY VERTREES

MGRM

08/04/2013

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