

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 13 AM 9:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L0400000091

1. Limited Liability Company's Name

Southern Florida landscaping and
maintenance, LLC.

200159329892
08/06/09--01049--014 **516.25
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

3951 Versailles

Suite, Apt. #, etc.

3. Mailing Office Address

3951 Versailles Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL.

Zip

33634

Country

U.S.

City & State

Tampa FL.

Zip

33634

Country

U.S.

4. State/Country of Formation

FL./US

**5. Date Organized or Qualified
To Do Business in Florida**

2005

6. FEI Number

200539478

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

BART BUTLER

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

3951 Versailles Dr.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33634

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

**Signature of
Registered Agent**

Bart Butler

REGISTERED AGENT MUST SIGN

Date 8-4-09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgm	Bart Butler	3951 Versailles Dr.	Tampa 33634
	L. SELLERS		
	AUG 17 2009		
	EXAMINER		

REINSTATEMENT 07-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**Signature of
Managing Member/Manager**

Bart Butler

Date 8-4-09

Daytime Phone # 813-486-3727

Typed or printed name of signing Managing Member/Manager BART BUTLER