

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 16, 2007 8:00 A.M.
Secretary of State

DOCUMENT # **L04000004086**

1. Limited Liability Company's Name

Tr. County Lawn Management

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

4048 Rose Street

Suite, Apt. #, etc.

3. Mailing Office Address

4048 Rose Street

Suite, Apt. #, etc.

City & State

Elkton FL

City & State

Elkton FL

Zip

32033

Country

St. Johns

Zip

32033

Country

St. Johns

CR2E041 (1/07)

4. State/Country of Formation

FL. St. Johns

5. Date Organized or Qualified
To Do Business in Florida

2/27/04

6. FE Number

200602544

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
GERALD A. MILLER

Street Address (P.O. Box Numbers Not Acceptable)

4048 Rose Street

Suite, Apt. #, Etc.

Elkton

State

FL

Zip Code

32033

☒ 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

GERALD A. MILLER

REGISTERED AGENT MUST SIGN

Date **2/11/07**

[Signature]

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
owner	GERALD A. MILLER	4048 Rose Street	Elkton FL 32033

200099991312
02/21/07--01017--012 **150.00

REINSTATEMENT 05-07

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

GERALD A. MILLER

Date **2/11/07**

Daytime Phone # **904-692-4409**

Typed or printed name of signing Managing Member/Manager

GERALD A. MILLER