

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000008935

Entity Name: T'S LAWNSCAPE "L.L.C."

FILED
Dec 15, 2008
Secretary of State

Current Principal Place of Business:

2062 E. GLORIA DR
DELTONA, FL 32725

New Principal Place of Business:

3148 NICKERBEAN ST
DELTONA, FL 32725

Current Mailing Address:

P.O. BOX 950190
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 02-0691598 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:

LATOUR, TERRY
2062 E. GLORIA DR
DELOTNA, FL 32725 US

Name and Address of New Registered Agent:

LATOUR, SCOTT
3148 NICKERBEAN ST
DELTONA, FL 32725 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: SCOTT LATOUR

12/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: LATOUR, TERRY
Address: 2062 E. GLORIA DR
City-St-Zip: DELTONA, FL 32725

Title: V/P (X) Delete
Name: SEYMOUR, DORA
Address: 2062 E. GLORIA DR
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LATOUR, SCOTT
Address: 3148 NICKERBEAN ST
City-St-Zip: DELTONA, FL 32725

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

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT LATOUR

MGRM

12/15/2008

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