

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000022764

**FILED**  
**Aug 16, 2006**  
**Secretary of State**

**Entity Name:** HOME ENHANCEMENTS LANDSCAPING & IRRIGATION LLC

**Current Principal Place of Business:**

2435 MCKINNON STREET  
PORT SAINT JOE, FL 32456 US

**New Principal Place of Business:**

691 DUVAL ST.  
PORT SAINT JOE, FL 32456 US

**Current Mailing Address:**

2435 MCKINNON STREET  
PORT SAINT JOE, FL 32456 US

**New Mailing Address:**

691 DUVAL ST.  
PORT SAINT JOE, FL 32456 US

**FEI Number:** 30-0239437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TURNER, JAMES  
2435 MCKINNON STREET  
PORT SAINT JOE, FL 32456 US

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

TURNER, JAMES  
691 DUVAL ST.  
PORT SAINT JOE, FL 32456 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: JAMES TURNER

08/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR ( ) Delete  
Name: TURNER, JAMES  
Address: 2435 MCKINNON STREET  
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: MGMR (X) Delete  
Name: WILDER, DARRON  
Address: 633 DUVAL STREET  
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: MGMR ( ) Delete  
Name: YAWN, JIMMY  
Address: 2435 MCKINNON STREET  
City-St-Zip: PORT SAINT JOE, FL 32456 US

**ADDITIONS/CHANGES:**

Title: MGMR (X) Change ( ) Addition  
Name: TURNER, JAMES  
Address: 691 DUVAL ST.  
City-St-Zip: PORT SAINT JOE, FL 32456 US

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

Title: MGMR (X) Change ( ) Addition  
Name: YAWN, JIMMY  
Address: 640 N. LONG ST.  
City-St-Zip: PORT SAINT JOE, FL 32456 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES TURNER

MGMR

08/16/2006

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