

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000032451

**FILED**  
**Feb 06, 2013**  
**Secretary of State**

**Entity Name:** CUSTOM LAWN & IRRIGATION, LLC

**Current Principal Place of Business:**

1105 LONG AVENUE  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

1105 LONG AVENUE  
PORT ST. JOE, FL 32456

**New Mailing Address:**

**FEI Number:** 20-1100231

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOD, WILLIAM J  
1105 LONG AVENUE  
PORT ST. JOE, FL 32456 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: WILLIAM J WOOD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR  
Name: WOOD, WILLIAM J  
Address: 1105 LONG AVENUE  
City-St-Zip: PORT ST JOE, FL 32456

Title: MGR  
Name: WOOD, RYAN  
Address: 1027 MCCLELLAND AVENUE  
City-St-Zip: PORT ST JOE, FL 32456

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: WILLIAM J WOOD

MGMR

02/06/2013

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