

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 10 AM 10:43

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1.04000051580

1. Limited Liability Company's Name

CARRIBEAN PALMS LAWN SERVICES LLC

700145460417
03/10/09--01038--003 **416.25

CR2E041 (10/08)

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

8638 MAY CR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33614

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 7/12/04

6. FEI Number

20-1358045

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

AYLER DURAN

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

8638 MAY CR

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33614

☒ 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

Ayler Duran

Date 3/6/09

REGISTERED AGENT MUST SIGN

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
MGR	AYLER DURAN	8638 MAY CR	TAMPA, FL 33614

REINSTATEMENT

07-09-2009

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

Ayler Duran

Date

3/6/09

Daytime Phone #

372-2437460

Typed or printed name of signing Managing Member/Manager

Ayler Duran