

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000052704

**FILED**  
**Oct 24, 2008**  
**Secretary of State**

**Entity Name:** XTREME CUSTOM LAWN CARE, LLC

**Current Principal Place of Business:**

3545 PACKARD AVE.  
ST. CLOUD, FL 34772 US

**New Principal Place of Business:**

**Current Mailing Address:**

3545 PACKARD AVE.  
ST. CLOUD, FL 34772 US

**New Mailing Address:**

**FEI Number:** 20-1370412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MILLS, ROBERT  
3545 PACKARD AVE  
ST. CLOUD, FL 34772 US

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

MILLS, ROBERT C  
3545 PACKARD AVE  
ST. CLOUD, FL 34772 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: ROBERT C. MILLS

10/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MILLS, ROBERT  
Address: 3545 PACKARD AVE.  
City-St-Zip: ST. CLOUD, FL 34772 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MILLS, ROBERT C  
Address: 3545 PACKARD AVE.  
City-St-Zip: ST. CLOUD, FL 34772 US

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: ROBERT C. MILLLS

MGRM

10/24/2008

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