


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000064112</b> 1. Entity Name <b>CENTRAL FLORIDA COMPLETE LAWN CARE, LLC</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>08 JUN 12 PM 1:48</b>	
Principal Place of Business <b>8595 CR 624A BUSHNELL, FL 33513</b>				Mailing Address <b>8595 CR 624A BUSHNELL, FL 33513</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>JONES, DAVID M 8595 CR 624A BUSHNELL, FL 33513</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number <b>59-2109867</b>			
SIGNATURE <u>David M Jones</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$377.50				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM JONES, DAVID M 8595 CR 624A BUSHNELL, FL 33513</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> <b>100130927531</b>  <b>06/05/08--01048--004 **382.50</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>David M Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				5-22-08 352-457-3543 <small>Date Daytime Phone #</small>			

REINSTATEMENT 2007-08