

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAR 17 AM 10:09

DOCUMENT # L04000067016

1. Limited Liability Company's Name

SCS OF SARASOTA, LLC

300198434393
03/17/11--01039--002 ***377.50
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 141 Pond Cypress Road		3. Mailing Office Address 1523 1st Avenue, West	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Venice, Florida		City & State Bradenton, FL	
Zip 34292	Country USA	Zip 34205	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 9-13-2004	
6. FEI Number 561708585	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Daniel Shulman

Street Address (P.O. Box Number is Not Acceptable)
7925 Keryn Hammock Court

Suite, Apt. #, Etc.

City Sarasota	State FL	Zip Code 34241
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E-mail Address:

tropicallandscape@verizon.net
(To be used for future annual report notices)

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

Daniel Shulman REGISTERED AGENT MUST SIGN

Date 1-14-2011

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	David J. Schroeders	6530 Wild Orchid Lane	Sarasota, FL 34241
MGR	Daniel Shulman	7925 Keryn Hammock Court	Sarasota, FL 34240

REINSTATEMENT 10,11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Daniel Shulman

Date 1-14-2011

Daytime Phone # (941) 953-4555

Typed or printed name of signing Managing Member/Manager