2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 30, 2005
Secretary of State

DOCUMENT# L04000070982

Entity Name: CLERMONT MOWERS & EQUIPMENT, LLC

Current Principal Place of Business:

1035 W. STATE RD. 50
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1035 W. STATE RD. 50
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-1690510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOYKIN, MARVIN K
1035 W. STATE RD. 50
CLERMONT, FL FL US

Name and Address of New Registered Agent:

CUCANICH, BETTE
1035 W. STATE RD. 50
CLERMONT, FL FL 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: BETTE CUCANICH 09/30/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BOYKIN, MARVIN K
Address: 14715 GREEN VALLEY BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CUCANICH, BETTE
Address: 1035 W STATE RD 50
City-St-Zip: CLERMONT, FL 34711

Title: MGRM ( ) Change (X) Addition
Name: THOMPSON, DAVID W
Address: 1035 W STATE RD 50
City-St-Zip: CLERMONT, FL 34711

Title: MGRM ( ) Change (X) Addition
Name: GALLAGHER, PATRICK J
Address: 1035 W STATE RD 50
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETTE CUCANICH MGMR 09/30/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date