

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 26 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000079250

1. Limited Liability Company's Name

B&B Lawn & Small Equipment Repairs, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
450 SE Monterey Rd

Suite, Apt. #, etc.

City & State
Stuart

Zip
34994

Country
Martin

3. Mailing Office Address
450 SE Monterey Rd

Suite, Apt. #, etc.

City & State
Stuart

Zip
34994

Country
Martin

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 11/1/04

6. FEI Number
02-0732896

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
William W Hedrick

Street Address (P.O. Box Number is Not Acceptable)
6900 SW 33rd St

Suite, Apt. #, Etc.

City
Palm City

State
FL

Zip Code
34990

☒ 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

REGISTERED AGENT MUST SIGN

Date 3/20/07

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
MGRM	Elizabeth J Hedrick	6900 SW 33rd St	Palm City, FL 34990
			800095253228 03/29/07--01057--011 **200.00
			REINSTATEMENT 05-07

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

Date 3/20/07

Daytime Phone# 772-463-4755

Typed or printed name of signing Managing Member/Manager

Elizabeth J Hedrick