



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000080190 1. Entity Name IMPERIAL LANDSCAPING, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JAN 19 AM 10:08		
Principal Place of Business 177 10TH ST SANTA ROSA BECH., FL 32459 US				Mailing Address 177 10TH ST SANTA ROSA BECH., FL 32459 US				
2. Principal Place of Business		3. Mailing Address		 01122006 REIN-LLC CR2E101 (11/05)				
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					
4. FEI Number 31-2022397				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
PORTER, DAVID L 177 10TH ST. SANTA ROSA, FL 32459				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				City				
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				
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.								
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____								
FILE NOW!!! FEE IS \$200.00				Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTER, DAVID L 177 10TH ST SANTA ROSA BCH, FL 32459	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Justin M. Vaughan 107 Wildwood Dr Freeport, FL 32439			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEARD, RUFUS C 134 JOE CAMPBELL RD. FREEPORT, FL 32439	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Eric W. Puggins 161 Short Ave. Freeport, FL 32439			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTER, JOSEPH H JR. 128 JOE CAMPBELL RD. FREEPORT, FL 32439	<input checked="" type="checkbox"/> Delete		200065070302 02/02/06--01010--013 ***200.00				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		REINSTATEMENT 05-06				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete						<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete						<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>David Porter</i> David L. Porter 1-12-06 850-259-6624								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE								