

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

08 NOV 19 PM 1:43

CR2E041 (10/08)

DOCUMENT # **L04000090781**

1. Limited Liability Company's Name

UDELL'S LANDSCAPE SERVICE LLC

2. Principal Office Address - No P.O. Box #

3 RANDOU PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

3 RANDOU PLACE

Suite, Apt. #, etc.

City & State

PALM COAST FL

City & State

PALM COAST FL

Zip

32164

Country

FLAFLER

Zip

32164

Country

FLAFLER

4. State/Country of Formation

FL FLAFLER

5. Date Organized or Qualified
To Do Business in Florida

1/1/2005

6. FEI Number

20-2011999

☐ 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

COREY J UDELL

Street Address (P.O. Box Number is Not Acceptable)

3 RANDOU PLACE

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32164

☒ 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

X Corey Udell

REGISTERED AGENT MUST SIGN

Date **X 11/14/08**

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	COREY J UDELL	3 RANDOU PL	PALM COAST FL 32164

800138000348
11/17/08--01050--013 **277.50

REINSTATEMENT 2007-08

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 **X Corey Udell**

Date **X 11/14/08**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

COREY J UDELL