

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000024152

**FILED**  
**Aug 25, 2011**  
**Secretary of State**

**Entity Name:** CASON LAWN MAINTENANCE LLC

**Current Principal Place of Business:**

13590 SELLERS LN  
JAX, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

13590 SELLERS LN  
JAX, FL 32220

**New Mailing Address:**

**FEI Number:** 76-0779228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CASON, RICK G  
13590 SELLERS LN  
JAX, FL 32220 US

**Name and Address of New Registered Agent:**

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:** RICK CASON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CASON, RICK  
**Address:** 13590 SELLERS LN  
**City-St-Zip:** JAX, FL 32220

**Title:** MGRM  
**Name:** CASON, ANGELA M  
**Address:** 13590 SELLERS LN,  
**City-St-Zip:** JAX, FL 32220

I hereby 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:** RICK CASON

MGR

08/25/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date