

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000024542

1. Entity Name  
SMART CUT GROUNDS, LLC



FILED

06 DEC -4 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
2725 JOHN PAUL DRIVE  
ORLANDO, FL 32810

Mailing Address  
PO BOX 608407  
ORLANDO, FL 32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10292006 REIN-LLC

CR2E101 (11/05)

4. FEI Number  
20-2494537

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEXANDER, JOHN JR  
217 CROWN OAK WAY  
LONGWOOD, FL 32779

Name

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

City

FL

Zip Code

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 *John Alexander*

(NOTE: Registered Agent signature required when reinstating)

DATE

11-20-06

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIR  
ALEXANDER, JOHN JR  
217 CROWN OAK WAY  
LONGWOOD, FL 32779 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400081477264  
11/03/06--01003--016 \*\*\*155.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT 2006

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: *John Alexander*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-29-06

Date

Daytime Phone #