

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000030653

FILED
Oct 13, 2009
Secretary of State

Entity Name: RANDYS LAWNCARE & LANDSCAPING L.C.

Current Principal Place of Business:

5320 E. 17TH AVENUE
TAMPA, FL 33619

New Principal Place of Business:

5320 E. 17TH AVENUE
TAMPA, FL 33619 US

Current Mailing Address:

5320 E. 17TH AVENUE
TAMPA, FL 33619

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOYETT, RANDY E
5320 EAST 17TH AVE
TAMPA, FL 33619 US

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: RANDY E BOYETT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOYETT, RANDY E
Address: 5320 E. 17TH AVENUE
City-St-Zip: TAMPA, FL 33619

Title: MGRM () Delete
Name: BOYETT, KIMBERLY A
Address: 5320 E. 17TH AVENUE
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOYETT, RANDY E
Address: 5320 E. 17TH AVENUE
City-St-Zip: TAMPA, FL 33619 US

Title: MGRM (X) Change () Addition
Name: BOYETT, KIMBERLY A
Address: 5320 E. 17TH AVENUE
City-St-Zip: TAMPA, FL 33619 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RANDY E BOYETT

MGR

10/13/2009

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