## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT # L05000099895

1. Entity Name



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

HANNUM FAMILY LAWN SERVICE, LLC.				0	6 OCT 12 1	M 10: 06	
Principal Place of Business 702 SW KING STREET LAKE CITY, FL 32024		Mailing Address 702 SW KING STREET LAKE CITY, FL 32024			- 	POKO ININ ININ ININ ININ ININ	<b>20</b> 1-111 1 <b>41</b> 1
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10062006	REIN-LLC	CR2E101 (11/05)	
City & State		City & State		4. FEI Number 55-0	907/19	— — — — — — — — — — — — — — — — — — —	plied For t Applicable
Zip	Country	Zip	Country		of Status Desired	S5.00 Add Fee Required	
LAKE CITY	5 90 SUITE 101 ', FL 32055	CityLAK	HAWWU SHO BOX NUMBER ECITY	is Not Acceptable)	FL Zip Coge	24	
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  Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  (NOTE: Registered Agent signature required when reinstating)							
FILE NOWIII FEE IS \$50.00 In accordance with s. liability company did r						check payable to Department of State	•
9.	MANAGING MEMBE		10.		ADDITIONS/0		
TITLÉ NAME	MGRM HANNUM, DICY	☐ Delete	TITLE NAMÉ			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	702 SW KING STREET LAKE CITY, FL 32024		STREET ADDRESS CITY-ST-ZIP	1.0 10712	000807 /0601067	*84781 002 **50.0	ne)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNUM, MARK 702 SW KING STREET LAKE CITY, FL 32024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, 00 OIM)	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANNUM, JOHN 702 SW KING STREET LAKE CITY, FL 32024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pare		□ Change : :	□ Addition
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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: 15   1   ARK     TANVUM							