

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000103397

1. Entity Name
PALM LAWN CARE L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 17 PM 12:14

Principal Place of Business
PO BOX 511147
PUNTA GORDA, FL 33951-1147

Mailing Address
PO BOX 511147
PUNTA GORDA, FL 33951-1147



2. Principal Place of Business - No P.O. Box #
2739 Taylor Road
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 511147
Suite, Apt. #, etc.

02022009 REIN-LLC CR2E101 (1/07)

City & State
Punta Gorda, FL.
Zip
33950
Country
US

City & State
Punta Gorda, FL.
Zip
33951-1147
Country
US

4. FEI Number
16-1737661
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WESTLAKE, GEORGE C
7306 POWDER PUFF
PUNTA GORDA, FL 33955

7. Name and Address of New Registered Agent

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 *[Signature]* DATE 01-31-09
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTLAKE, GEORGE C PO BOX 511147 PUNTA GORDA, FL 339511147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTLAKE, JUSTIN A 4037 CONWAY47 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTLAKE, BRYAN P 6363 BISCAYNE DR NORTH PORT, FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Karastamatis PAHY 7306 Powder Puff Punta Gorda, FL 33955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2008, 2009	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700143411957 02/11/09--01041--007 **377.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Westlake Bryan P. 1202 Wilcrest Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *[Signature]*

01-31-09 941-916-1705

T Hampton FEB 18 2009