

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000109448

Entity Name: SKY LAWN SERVICE, LLC.

FILED  
Oct 04, 2006  
Secretary of State

## Current Principal Place of Business:

5041 DAHOON VIEW DR  
ORLANDO, FL 32829 US

## New Principal Place of Business:

8879 W COLONIAL DR  
APT. #276  
OCOOE, FL 34761 US

## Current Mailing Address:

5041 DAHOON VIEW DR  
ORLANDO, FL 32829 US

## New Mailing Address:

8879 W COLONIAL DR  
APT. #276  
OCOOE, FL 34761 US

FEI Number: 20-3848323      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

WILES, WINSTON  
5041 DAHOON VIEW DR  
ORLANDO, FL 32829 US

## Name and Address of New Registered Agent:

BRISCOE, SAMUEL P  
8879 W COLONIAL DR  
APT. #276  
OCOOE, FL 34761 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: SAMUEL P BRISCOE

10/04/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WILES, WINSTON  
Address: 5041 DAHOON VIEW DR  
City-St-Zip: ORLANDO, FL 32829 US

Title: MGRM (X) Delete  
Name: BRISCOE, SAMUEL P  
Address: 5041 DAHOON VIEW DR  
City-St-Zip: ORLANDO, FL 32829 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BRISCOE, SAMUEL P  
Address: 8879 W COLONIAL DR  
City-St-Zip: OCOOE, FL 32829 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL P BRISCOE

MGRM

10/04/2006

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