

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000111647

FILED
Mar 21, 2007
Secretary of State

Entity Name: GRAZZHOPPERS LAWN CARE, LLC

Current Principal Place of Business:

1125 CANE MILL LANE
BRADENTON, FL 34212

New Principal Place of Business:

236 GOLDEN HARBOUR TRL
BRADENTON, FL 34212

Current Mailing Address:

1125 CANE MILL LANE
BRADENTON, FL 34212

New Mailing Address:

236 GOLDEN HARBOUR TRL
BRADENTON, FL 34212

FEI Number: 20-3813439 **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:

McFARLAND, LUTHER W JR
1125 CANE MILL LANE
BRADENTON, FL 34212 US

Name and Address of New Registered Agent:

McFARLAND, LUTHER W JR
236 GOLDEN HARBOUR TRL
BRADENTON, FL 34212 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: LUTHER MCFARLAND, JR

03/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCFARLAND, LUTHER W JR
Address: 1125 CANE MILL LANE
City-St-Zip: BRADENTON, FL 34212

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCFARLAND, LUTHER W JR
Address: 236 GOLDEN HARBOUR TRL
City-St-Zip: BRADENTON, FL 34212

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: LUTHER MCFARLAND, JR

MGR

03/21/2007

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