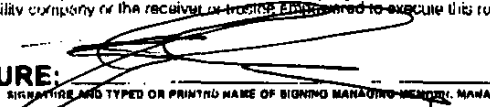


**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT****FILED**

07 DEC 27 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000024376			
1. Entity Name HARDSCAPE SPECIALISTS I, LLC			
Principal Place of Business 8811 STATE ROAD 52, SUITE 28 HUDSON, FL 34667		Mailing Address 8811 STATE ROAD 52, SUITE 28 HUDSON, FL 34667	
2. Principal Place of Business No P.O. Box # 6108 Sherwin Drive		3. Mailing Address 6108 Sherwin Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Richey, Florida		City & State Port Richey, Florida	
Zip 34668	Country USA	Zip 34668	Country USA
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		4. File Number 760817584 Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEWICKI, MICHELLE 15468 BURBANK DRIVE BROOKSVILLE, FL 34604		7. Name and Address of New Registered Agent Name Doug Klunder Street Address (P.O. Box Number is Not Acceptable) 6108 Sherwin Drive City Port Richey FL 34668	
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 <u>Doug Klunder</u> Signature, hand or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM LEWICKI, MICHELLE 216 ROLLINGWOOD ROCKFORD, MI 43841	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Doug Klunder 6108 Sherwin Drive Port Richey, Florida 34668	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM VESPER, DALE 8811 STATE ROAD 52, SUITE 28 HUDSON, FL 34667	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Mitchell Vesper 6108 Sherwin Drive Port Richey, Florida 34668	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
REINSTATEMENT 2007		200113350392 12/21/07--01029--008 **150.00	
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 606, Florida Statutes.			
SIGNATURE: 		Doug Klunder	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Typed Name	