2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 20, 2009
Secretary of State

DOCUMENT# L06000043181

Entity Name: ACORN HILLS LANDSCAPE

Current Principal Place of Business:

180 NW PLEASANT GROVE WAY
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

180 NW PLEASANT GROVE WAY
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 20-4780391 **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:

KROL, TOM C
180 NW PLEASANT GROVE WAY
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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: TOM C KROL

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KROL, TOM C
Address: 180 NW PLEASANT GROVE WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: MGR ( ) Delete
Name: KROL, JULIE E
Address: 180 NW PLEASANT GROVE WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JULIE E KROL MGR 10/20/2009

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