

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000067642

**Entity Name:** LANDSCAPE UNIQUE, LLC

**FILED**  
**Oct 07, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

2419 NELA AVENUE  
BELLE ISLE, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

2419 NELA AVENUE  
BELLE ISLE, FL 32809

**New Mailing Address:**

**FEI Number:** 20-5750742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DICKSON, TOM A  
2419 NELA AVEUNUE  
BELLE ISLE, FL 32809 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 ANDREW DICKSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: OWNR  
Name: DICKSON, TOM A  
Address: 2419 NELA AVE  
City-St-Zip: BELLE ISLE, FL 32809 US

I hereby 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: TOM ANDREW DICKSON

OWNR

10/07/2013

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