

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000088275

**FILED**  
**Jul 15, 2010**  
**Secretary of State**

**Entity Name:** CRAWFORD LAWN CARE LLC

**Current Principal Place of Business:**

6285 TANGERINE AVENUE  
BUNNELL, FL 32110 US

**New Principal Place of Business:**

**Current Mailing Address:**

6285 TANGERINE AVENUE  
BUNNELL, FL 32110 US

**New Mailing Address:**

**FEI Number:** 20-5655314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CRAWFORD, CHRISTOPHER P  
6285 TANGERINE AVENUE  
BUNNELL, FL 32110 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:** CHRISTOPHER P CRAWFORD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CRAWFORD, CHRISTOPHER P  
**Address:** 6285 TANGERINE AVENUE  
**City-St-Zip:** BUNNELL, FL 32110

**Title:** MGRM  
**Name:** MAY, JASON W  
**Address:** 13 S FORSYTHE ST.  
**City-St-Zip:** BUNNELL, FL 32110

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:** CHRISTOPHER P CRAWFORD

MGRM

07/15/2010

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