2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000090841

Entity Name: SOUTHERN BEAUTY LANDSCAPE & NURSERY, LLC

FILED Jul 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 1034 16135 S HWY 301

SUMMERFIELD, FL 34492 US SUMMERFIELD, FL 34491 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1034 16135 S HWY 301

SUMMERFIELD, FL 34492 US SUMMERFIELD, FL 34491 US

FEI Number: 20-5548634 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: Name and Address of New Registered Agent:

TRONDLE, RALPH

8889 SE GRASSMERE STREET

THE VILLAGES, FL 32162 US

MARTIN, WALTER D

4636 SE 28TH STREET

OCALA, FL 34471 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.

ADDITIONS/CHANGES:

SIGNATURE: WALTER D MARTIN 07/30/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 TRONDLE, RALPH
 Name:
 MARTIN, WALTER D

 Address:
 8889 SE 177 GRASSMERE STREET
 Address:
 4636 SE 28TH STREET

 City-St-Zip:
 THE VILLAGES, FL 32162 US
 City-St-Zip:
 OCALA, FL 34471 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: TRONDLE, DOROTHY Name: MARTIN, CHRISTOPHER D Address: 8889 SE 177 GRASSMERE STREET Address: 2204 SE LAKE WEIR ROAD City-St-Zip: THE VILLAGES, FL 32162 US City-St-Zip: OCALA, FL 34471 US

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 MARTIN, WALTER D
 Name:

 Address:
 4636 SE 25TH STREET
 Address:

 City-St-Zip:
 OCALA, FL 34471 US
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 MARTIN, CHRISTOPHER D
 Name:

 Address:
 2204 SE LAKE WEIR ROAD
 Address:

 City-St-Zip:
 OCALA, FL 34471 US
 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: WALTER D MARTIN MGRM 07/30/2008