

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000096324

1. Entity Name
FLORIDA FENCE & LANDSCAPE, LLC



FILED

07 NOV -6 PM 12:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
5419 CHRISTIANCY AVE
PORT ORANGE, FL 32127 US

Mailing Address
5419 CHRISTIANCY AVE
PORT ORANGE, FL 32127 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10092007 REIN-LLC CR2E101 (1/07)

4. FEI Number

☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITHERS, TIMOTHY
5419 CHRISTIANCY AVE
PORT ORANGE, FL 32127

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Timothy L. Smithers *Timothy L. Smithers* 10/09/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
SMITHERS, TIMOTHY
5419 CHRISTIANCY AVE
PORT ORANGE, FL 32127

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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200111560418
11/01/07--01004--008 **\$5.00

REINSTATEMENT

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 608, Florida Statutes.

SIGNATURE:

Timothy L. Smithers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/09/07

Date

Daytime Phone #

386-5478297