

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 JUN 29 PM 3 19

DOCUMENT # L06000120295

1. Limited Liability Company's Name

A And A Lawn Service and
Landscaping LLC

900300921359
06/29/17--01014--014 **377.50

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #

565 Selman Rd

3. Mailing Office Address

Suite, Apt. #, etc.

S Ann

Suite, Apt. #, etc.

City & State

Quincy FL

City & State

Zip

Country

32351

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-8067663

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ron Benfield

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

55 Sioux Cir

Suite, Apt. #, Etc.

City

Hindon

State

FL

Zip Code

32335

E-mail Address:

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
OWN	Rodolfo A Alas	565 Selman Rd	Quincy FL 32351
VE	Miranda Fernandez Jose	PO Box 656	Quincy FL 32351
L/C	Valderraz, Zefernio	219 Betlmet	Quincy FL 32351
REINSTATEMENT			JUN 29 2017
			R. HUNT

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Chapter 605, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of

Authorized Person

Rodolfo A Alas

Date

Daytime Phone #

Typed or printed name of signing Authorized Person