

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000002503

FILED
Oct 10, 2009
Secretary of State

Entity Name: WINDERMERE LAWN SERVICES LLC

Current Principal Place of Business:

4779 BLUE MAJOR DRIVE
WINDERMERE, FL 34786 US

New Principal Place of Business:

5359 DAHLIA RESERVE DRIVE
KISSIMMEE, FL 34758 US

Current Mailing Address:

4779 BLUE MAJOR DRIVE
WINDERMERE, FL 34786 US

New Mailing Address:

5359 DAHLIA RESERVE DRIVE
KISSIMMEE, FL 34758 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

GRIFFIN, MARION S
5359 DAHLIA RESERVE DRIVE
KISSIMMEE, FL 34758 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.

SIGNATURE: MARION S GRIFFIN

10/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: VERNER, THOMAS
Address: 4779 BLUE MAJOR DRIVE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: VERNER, THOMAS
Address: 5359 DAHLIA RESERVE DRIVE
City-St-Zip: KISSIMMEE, FL 34758

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: THOMAS M VERNER

D

10/10/2009

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