

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000009626

**FILED**  
**Oct 20, 2009**  
**Secretary of State**

**Entity Name:** SOUTHERN STYLE LANDSCAPE, LLC

**Current Principal Place of Business:**

2907 TOURAINE  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

2907 TOURAINE  
ORLANDO, FL 32812

**New Mailing Address:**

2603 SHANNON ROAD  
ORLANDO, FL 32806

FEI Number: 20-8336275      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:**

BRAZELL, JOSEPH D  
3611 GATEWOOD DR.  
ORLANDO, FL 32812      US

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

BRAZELL, JOSEPH D  
2603 SHANNON ROAD  
ORLANDO, FL 32806      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: JOSEPH D. BRAZELL

10/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BRAZELL, JOSEPH D  
Address: 3611 GATEWOOD DR.  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: BRAZELL, JOSEPH D  
Address: 2603 SHANNON ROAD  
City-St-Zip: ORLANDO, FL 32806

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: JOSEPH D. BRAZELL

MM

10/20/2009

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