

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 APR -7 PM 2: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 07000028784

1. Limited Liability Company's Name

LI LANDSCAPING, LLC.

CR2E041 (10/08)

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

251 SLALOM WAY

Suite, Apt. #, etc.

3. Mailing Office Address

251 SLALOM WAY

Suite, Apt. #, etc.

City & State

SANTA ROSA BCH

City & State

SANTA ROSA BCH

Zip

32459

Country

USA

Zip

32459

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number 264555480

0008656590

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

JASON MOORE

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

251 SLALOM WAY

Suite, Apt. #, Etc.

City

SANTA ROSA BCH

State

FL

Zip Code

32459

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/30/09

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JASON MOORE	251 SLALOM WAY	SRP/FL/32459

REINSTATEMENT

-08-09

300148293263  
04/01/09--01034--025 \*\*277.50

C.S.

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 section 608.406, 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.

Signature of  
Managing Member/Manager

Date 3/30/09

Daytime Phone# 850-419-3292

Typed or printed name of signing Managing Member/Manager

JASON MOORE