

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000032221

1. Limited Liability Company's Name

J & B LAWN SERVICE, LLC

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

4508 CAMDEN RD

Suite, Apt. #, etc.

3. Mailing Office Address

4508 CAMDEN RD

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32303

Country

US

Zip

32303

Country

US

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-8714558

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

CAROL L. BAHR

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

4508 CAMDEN RD

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

☒ 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

Carol L. Bahr
REGISTERED AGENT MUST SIGN

Date January 28, 2010

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
MEM	CAROL L. BAHR	4508 CAMDEN RD	TALLAHASSEE, FL
MEM	JERRY D. BAHR	4508 CAMDEN RD	" 32303, "
EXAMINER			
JAN 28 2010			
S. HAWKES			

REINSTATEMENT

2009-10

11. E-mail Address: CAROLBAHR44@YAHOO.COM

(To be used for future annual report notifications)

12. 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

Carol L. Bahr

Date 1/28/10

Daytime Phone # (850) 562-1975

Typed or printed name of signing Managing Member/Manager