

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2014 DEC 10 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
L07000051760
LAWN PRO LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1880 KNOX MCRAE DR.		3. Mailing Office Address 1880 KNOX MCRAE DR.	
Suite, Apt. #, etc. 101C		Suite, Apt. #, etc. 101C	
City & State TITUSVILLE, FL		City & State TITUSVILLE, FL	
Zip 32780	Country Brevard	Zip 32780	Country Brevard

4. State/Country of Formation FLORIDA-BREVARD	
5. Date Organized or Qualified To Do Business in Florida 05/16/2007	
6. FEI Number 383560880	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name GERALD L. RAMM		
Street Address (P.O. Box Number is Not Acceptable) 1880 KNOX MCRAE DR.		
Suite, Apt. #, Etc. 101C		
City TITUSVILLE	State FL	Zip Code 32780

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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 *Gerald L. Ramm* Date 12/8/2014
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	MILLENNIUM LAND LLC	21516 HAMPTON ST.	CLINTON TOWNSHIP, MI 48036
MGR	GERALD L. RAMM	1880 KNOX MCRAE DR. 101C	TITUSVILLE, FL 32780

REINSTATEMENT 09-14
QC 12-16-14

11. E-mail Address: LAWN010@ICLOUD.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager *Gerald L. Ramm* Date 12/8/2014 Daytime Phone # 321-615-4507

Typed or printed name of signing Authorized Representative/Manager GERALD L. RAMM