

L07000054009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

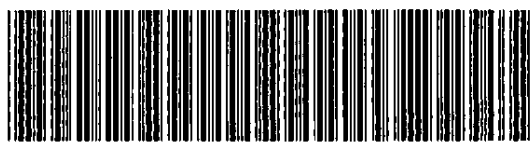
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
1-59317

JUL 14 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2011

JONATHAN MCKINNEY
1824 MARION COUNTY ROAD
WEIRSDALE, FL 32184

SUBJECT: MCKINNEYS LANDSCAPE SERVICES LLC
Ref. Number: L07000054009

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TALLAHASSEE, FLORIDA

You failed to make the correction(s) requested in our previous letter.

Any reinstatement application received after January 1st must include the fees for next year's annual report. Please be sure to include an additional \$138.75 if your reinstatement is submitted after January 1st.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 111A00000290



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2010

JONATHAN MCKINNEY
1824 MARION COUNTY ROAD
WEIRSDALE, FL 32184

SUBJECT: MCKINNEYS LANDSCAPE SERVICES LLC
Ref. Number: L07000054009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MCKINNEYS LANDSCAPE SERVICES LLC and your check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following:

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Any reinstatement application received after January 1st must include the fees for next year's annual report. Please be sure to include an additional \$138.75 if your reinstatement is submitted after January 1st.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 110A00029797

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MCKINNEY'S LANDSCAPE SERVICES LLC
Name of Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN MCKINNEY
Name of Person

Firm/Company

1824 MARION COUNTY ROAD
Address

WEIRSDALE, FL 32184
City/State and Zip Code

JM@MCKINNEYSLANDSCAPE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIE COURTEMANCHE at (**352**) **259-0083**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

11 JUL 13 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated 12-20 2010

* Jonathan N McKinney
Signature of a member or authorized representative of a member

JONATHAN N MCKINNEY
Typed or printed name of signee