

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000064029

1. Entity Name
LAKELAND HOME SERVICES, LIMITED LIABILITY
COMPANY



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 10 AM 11:30

Principal Place of Business
357 OAK LANDING DR
MULBERRY, FL 33860

Mailing Address
P.O. BOX 2081
LAKELAND, FL 33806

2. Principal Place of Business - No P.O. Box #
357 OAK LANDING DR

3. Mailing Address
PO BOX 2081

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232009 REIN-LLC CR2E101 (1/07)

City & State
MULBERRY FL

City & State
LAKELAND FL

4. FEI Number
26-0387502

Applied For
Not Applicable

Zip
33860

Country
USA

Zip
33806

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JULIA A
357 OAK LANING DR
MULBERRY, FL 33860

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent or authorized representative, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-04-09

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RODRIGUEZ, JULIA A
P.O. BOX 2081
LAKELAND, FL 33806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2008, 2009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300143029443
02/06/09--01042--014 ***377.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02-04-09