

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 27, 2008  
Secretary of State**

DOCUMENT# L07000110803

Entity Name: WEST COAST SOD, LLC

**Current Principal Place of Business:**

1011 THRU ROAD  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

1011 THRU ROAD  
TAMPA, FLORIDA, FL 33612

**New Mailing Address:**

FEI Number: 61-1543666      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VEGA, JAVIER H  
1011 THRU ROAD  
TAMPA, FLORIDA, FL 33612      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JAVIER VEGA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: VEGA, JAVIER H  
Address: 1011 THRU RD.  
City-St-Zip: TAMPA, FL 33612

Title: MGR      (X) Delete  
Name: WARD, EDUARD  
Address: 1504 W. PARK LANE  
City-St-Zip: TAMPA, FL 33603

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAVIER VEGA

MGR

10/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date