

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000116030

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** J & R LAWN CARE SERVICE, LLC

**Current Principal Place of Business:**

419 N 20TH ST  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5058  
HAINES CITY, FL 33845

**New Mailing Address:**

419 N 20TH ST  
HAINES CITY, FL 33844

**FEI Number:** 20-3785731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CABRERA, JAVIER  
419 N 20TH ST  
HAINES CITY, FL 33844 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 CABRERA

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CABRERA, JAVIER  
Address: 419 NORTH 20TH STREET  
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM  
Name: CABRERA, RUBEN  
Address: 221 SAN JUAN CT  
City-St-Zip: DAVENPORT, FL 33837

I hereby 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 CABRERA

MGRM

03/01/2011

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