

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000116197

**FILED**  
**Oct 29, 2014**  
**Secretary of State**

**Entity Name:** CLC FERTILIZATION & PEST CONTROL, LLC

**Current Principal Place of Business:**

902 W. DR MARTIN LUTHER KING JR BLVD  
UNIT 2  
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

902 W. DR MARTIN LUTHER KING JR BLVD  
UNIT 2  
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number:** 26-1480332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KARLSON, SHANE R  
902 W DR MARTIN LUTHER KING JR BLVD  
UNIT 2  
PLANT CITY, FL 33563 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: SHANE KARSLON

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: KARLSON, SHANE R  
Address: 3715 POWERLINE ROAD  
City-St-Zip: LITHIA, FL 33547

Title: MGRM  
Name: KARLSON, TARA L  
Address: 3715 POWERLINE ROAD  
City-St-Zip: LITHIA, FL 33547

Title: MGRM  
Name: KEVIN, IGOE  
Address: 5107 ZACKS BAR LANE  
City-St-Zip: WIMAUMA, FL 33598

Title: MGRM  
Name: JORDAN, KARLSON  
Address: 310 NE 4TH AVE  
City-St-Zip: MULBERRY, FL 33860

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: SHANE KARLSON

MGRM

10/29/2014

Electronic Signature of Authorized Person

Date