PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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(TED LIABILITY COMPANY NSTATEMENT		5	DEPARTM Secretary o SION OF CORE		Đ	SECRETARY OF ST SIVISION OF CORPOR 10 APR 20 PM 1	•
DOCUMENT # LOTOOO123046 1. Limited Liability Company's Name								
Cutters GROWS Capes Property + LAWN								
MUZENTONANCE LLC						700176684617 04/20/1001044017 **277.50		
2 Princin	al Office Address - No I	P.O. Box #	3. Mailing O	ffice Address		1	CR2E041 (11/09)	
30521 Elmi Rd BOBO			7282		A State/Cour	ntry of Formation	1	
Suite, Apt. #, etc. Suite, Apt. #,			5.			CRZDA		
N/A Suite, Apr. 4, etc.			A \ \ \ \ 5. Date		5. Date Organ	rganized or Qualified		
City & State City & State				70 / j-\ To Do		To Do Busi	usiness in Florida 12/11/2007	
Wesleychood of Wes			Sleuchapel FL 6. FEI Num			Applied For		
Zip	Countr	у	Zip		ountry	7	261332	Not Applicable
335	44 (ISA	332	.44	USA	CERTIFICATE		Additional Fee required a Certificate of Status
8. Name and Address of Current Registered Agent							•	
Name .						M A \$100 reinstatement fee is imposed, except		
Kobert HTKEWS						in circumstances which the entity did not		
Street Address (P.O. Box Number is Not Acceptable)						receive the prior notices. By checking this		
Suite, Apt. #, Etc.						box, you are certifying the prior notices were not received and requesting the \$100		
NIA CONTRACTOR						reinstatement be waived.		
State								
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.								
Signature of						n 4 7 10		
Registered Agent REGISTERED AGENT MUST SIGN						Date		
10. Names and Street Addresses of Managing Members/Managers								
Titles MGA	Managing	Name of g Members/Manage	rs.	N	Street Address of Each Managing Member/Mana		City / State /	Zip
SAE OZUA	EURANY ANGELABEVERLAND no non Lo Ashert atteins			3 <i>0</i> 521	ELAM Rd		Wesley Chapel	E 133544
Ceo				BOSAI Elam Rd			Mester da	00 PC 33549
						71	0 101766846	17
ı						04/23/1001001006 **138.75		
	DEDICE) (C) (C)	١ ۵	0.5				
	REINSTATE	MENI o	1008	<u>- 7010</u>) 			
11. E-mail Address: Cutters GRENSCHES@ YAHOO.COM								
(To be used for future annual report notifications) 12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
Signature of Managing Member/Manager Date 4/10 Daytime Phone # 8/3-477-8940								
Typed or printed name of signing Managing Member/Manager								