

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2012  
LIMITED LIABILITY  
COMPANY



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

REINSTATEMENT

ANNUAL REPORT

DOCUMENT #

LO8000006239

1. Limited Liability Company's Name

Touch Up Lawn Care LLC

FILED

2012 JUN 14 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

4133 So. University Blvd.

Suite, Apt. #, etc.

Suite #1 B-55094

3. Mailing Office Address

P.O. Box 55094

Suite, Apt. #, etc.

P.O. Box 55094

City & State

Jax, FL, U.S.A.

City & State

Jax, FL

Zip

32216

Country

U.S.A.

Zip

32216

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

Jan. 2004

6. FEI Number

261766510

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Hollis Bryant

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

4133 So. University Blvd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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  
Registered Agent

Hollis Bryant

REGISTERED AGENT MUST SIGN

Date May 1<sup>st</sup>, 2012

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
JMT	Hollis Bryant	4133 So. Univ. Blvd.	Jax, FL. 32216
			200236458392 06/15/12--01042--021 **5.00
			200236458392 06/15/12--01042--020 **138.75

11. 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 filing 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

Hollis Bryant

Date

May 1<sup>st</sup>, 2012

Daytime Phone #

904 327-3023

Typed or printed name of signing Managing Member/Manager

Hollis Bryant JMT

JUN 18 2012