

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L08000006813

1. Entity Name
SLING BLADE LAWN CARE & TRACTOR SERVICES, LLC



13 OCT -1 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15 REICHERT ROAD
MONTICELLO, FL 32344 US

Mailing Address
15 REICHERT ROAD
MONTICELLO, FL 32344 US

2. Principal Place of Business - No P.O. Box #

538 Vinson Rd

3. Mailing Address

538 Vinson Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10012013 REIN-LLC CR2E101 (12/11)



City & State
Monticello FL

City & State
Monticello FL

4. FEI Number
26-1845019

Applied For
Not Applicable

Zip
32344

Country
US

Zip
32344

Country
US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINSON, JASON
15 REICHERT ROAD
MONTICELLO, FL 32344

Name
Street Address (P.O. Box Number is Not Acceptable)
538 Vinson Rd
City, Monticello FL Zip Code 32344

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒ Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2014, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS VINSON, JASON
CITY-ST-ZIP 15 REICHERT ROAD 538 Vinson Rd
MONTICELLO, FL 32344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: ☒ Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

E-MAIL ADDRESS