

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000036766

**FILED**  
**Nov 22, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA PANHANDLE LAND CARE, LLC.

**Current Principal Place of Business:**

1728 HIGHWAY 10-A  
PONCE DE LEON, FL 32455

**New Principal Place of Business:**

**Current Mailing Address:**

1728 HIGHWAY 10-A  
PONCE DE LEON, FL 32455

**New Mailing Address:**

**FEI Number:** 22-3978499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** PHILIP BROWN

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BROWN, PHILIP  
**Address:** 1728 HIGHWAY 10-A  
**City-St-Zip:** PONCE DE LEON, FL 32455

**Title:** MGR  
**Name:** FAISON, LONNIE  
**Address:** 1728 HIGHWAY 10-A  
**City-St-Zip:** PONCE DE LEON, FL 32455

**Title:** S  
**Name:** BROWN, PHILIP  
**Address:** 1728 HIGHWAY 10-A  
**City-St-Zip:** PONCE DE LEON, FL 32455

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:** PHILIP BROWN

MGR

11/22/2010

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