

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000049687

FILED
Dec 16, 2009
Secretary of State

Entity Name: COASTAL LAWN CARE LLC,

Current Principal Place of Business:

5409 POND VIEW DR
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

5409 POND VIEW DR
MILTON, FL 32570 US

New Mailing Address:

PO BOX 396
MILTON, FL 32572 US

FEI Number: 35-2339328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

FITZGERALD, DORALEE A
5409 POND VIEW DR
MILTON, FL 32570 US

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: DORALEE A. FITZGERALD

12/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FITZGERALD, DANIEL
Address: 5409 POND VIEW DR.
City-St-Zip: MILTON, FL 32570 US

Title: MGRM () Delete
Name: FITZGERALD, DORALEE
Address: 5409 POND VIEW DR.
City-St-Zip: MILTON, FL 32570 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DORALEE A. FITZGERALD

MGRM

12/16/2009

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