

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000053590

**Entity Name:** CUT RITE LAWN CARE LLC

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

557 SHOAL CREEK DRIVE  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 891  
GOTHA, FL 34734

**New Mailing Address:**

P.O BOX 891  
GOTHA, FL 34734

**FEI Number:** 26-2757239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:** SPIELGEL & UTRERA, PA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MANIEGO, ROMEO R JR.  
**Address:** 557 SHOAL CREEK DRIVE  
**City-St-Zip:** OCOEE, FL 34761

**Title:** ST  
**Name:** MANIEGO, CELIA T  
**Address:** 557 SHOAL CREEK DRIVE  
**City-St-Zip:** OCOEE, FL 34761

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:** CELIA T. MANIEGO

ST

09/29/2010

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