2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000056541

City-St-Zip:

APOPKA, FL 32703

Entity Name: TOP CLASS LAWN SERVICES, LLC

FILED Oct 16, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Busi	New Principal Place of Business:	
	CLUB BLVD			
#542 APOPKA,	FI 32703			
	lailing Address:	New Mailing Address:		
Currentiv	idillig Address.	New Maining Address.		
522 HUNT #542	CLUB BLVD			
APOPKA,	FL 32703			
FEI Number		() FEI Number Not Applicable () Cert	ificate of Status Desired()	
	l Address of Current Registered Age		Registered Agent:	
	SHARON D THCLYDE COURT FL 32712 US			
	named entity submits this statement for e of Florida.	the purpose of changing its registered office	or registered agent, or both	
SIGNATU	RE: SHARON MCKAY			
	Electronic Signature of Registere	d Agent	Date	
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:		
Title:	MGR () Delete	Title: () Chan	ge () Addition	
Name:	MCKAY, SHARON D	Name:		
Address: City-St-Zip:	544 STRATHCLYDE COURT APOPKA, FL 32712	Address: City-St-Zip:		
Title:	MGR () Delete	Title: () Chan	ge () Addition	
Name:	PHYARS, MICHELLE	Name:	ge () Addition	
Address:	522 HUNT CLUB BLVD #542	Address:		
City-St-Zip:	APOPKA, FL 32703	City-St-Zip:		
Title:	MGR () Delete	Title: () Chan	ge () Addition	
Name:	THOMPSON, SHAWN	Name:		
Address:	522 HUNT CLUB BLVD #542	Address:		
City-St-Zip:	APOPKA, FL 32703	City-St-Zip:		
Title:	MGRM () Delete		ge () Addition	
Name:	MCKAY, DONALD H JR	Name:		
Address:	544 STRATHCLYDE COURT	Address:		
City-St-Zip:	APOPKA, FL 32712	City-St-Zip:		
Title:	MGRM () Delete		ge () Addition	
Name:	PHYARS, IAN E	Name:		
Address:	522 HUNT CLUB BLVD # 542	Address:		

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.

City-St-Zip:

SIGNATURE: SHARON MCKAY MRS. 10/16/2009