

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 MAR 20 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L08000063405**

1. Limited Liability Company's Name

**A AFFORDABLE
LAWN CARE LLC**

100296953911
03/21/17--01001--008 **348.75

2. Principal Office Address - No P.O. Box #

9347 Liska Dr

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32305

Country

3. Mailing Office Address

5032 Capital Circle SW

Suite, Apt. #, etc.

Ste 2 #111

City & State

Tallahassee, FL

Zip

32305

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Richard Dixon

Street Address (P.O. Box Number is Not Acceptable)

9347 Liska Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

E-mail Address:

**A.AFFORDABLELAWNCARE@
EMAIL.COM**

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/20/2017

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MEMR	Richard Dixon	9347 Liska Dr	Tallahassee / FL 32305

100296953911
03/21/17--01001--006 **500.00

100296953911
03/21/17--01001--007 **500.00

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Chapter 605, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of
Authorized Person

[Signature]

Date

3/20/2017

Daytime Phone #

850-364-8162

Typed or printed name of signing Authorized Person

[Handwritten initials]