

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000074043

**FILED**  
**Dec 03, 2010**  
**Secretary of State**

**Entity Name:** NORTH PORT MOBILE MOWER REPAIR LLC

**Current Principal Place of Business:**

2099 YALTA TERRACE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

1901 AMNESTY DR  
NORTH PORT, FL 34288

**Current Mailing Address:**

2099 YALTA TERRACE  
NORTH PORT, FL 34286

**New Mailing Address:**

1901 AMNESTY DR  
NORTH PORT, FL 34288

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**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: LAWRENCE J SPIEGEL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DODD, MICHAEL  
Address: 1901 AMNESTY DR  
City-St-Zip: NORTH PORT, FL 34288

Title: MGR  
Name: DODD, KAREN L  
Address: 1901 AMNESTY DR  
City-St-Zip: NORTH PORT, FL 34288

Title: S  
Name: DODD, KAREN L  
Address: 1901 AMNESTY DR  
City-St-Zip: NORTH PORT, FL 34288

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: KAREN L DODD

MGR

12/03/2010

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