

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000113921

1. Limited Liability Company's Name

Breeze Lawn Service of Northwest Florida, LLC

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

211 Norwich Dr.

Suite, Apt. #, etc

3. Mailing Office Address

211 Norwich Dr.

Suite, Apt. #, etc

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

Zip

32561

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

12/12/2008

6. FEI Number

300518548

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

E-mail Address:

800252217998
09/30/13--01063--005 **516.25

jennifer@boylesandboyleslaw.com

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

Joseph W. C. Boyles, Esq.

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

212 West Cervantes St.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 9/5/13

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	Peyton Matthew Mosely	211 Norwich Dr.	Gulf Breeze, FL 32561

REINSTATEMENT

2011-2013

S. HAWKES

OCT 1 - 2013

EXAMINER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 section 608.406, 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 Managing
Member/Manager

Date 8/20/13

Daytime Phone # (850) 776-1859

Typed or printed name of signing Managing Member/Manager Peyton Matthew Mosely

FILED
2013 SEP 30 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

516.25