

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000031017

**FILED**  
**Dec 10, 2012**  
**Secretary of State**

**Entity Name:** NAPLES TROPICAL LAWN CARE AND LANDSCAPING LLC.

**Current Principal Place of Business:**

5321 BROWARD ST  
NAPLES, FL 34113 US

**New Principal Place of Business:**

**Current Mailing Address:**

5321 BROWARD ST  
NAPLES, FL 34113 US

**New Mailing Address:**

**FEI Number:** 26-4586943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTINEZ, SAMUAL  
5321 BROWARD ST  
NAPLES, FL 34113 US

**Name and Address of New Registered Agent:**

MARTINEZ, SAMUEL  
5321 BROWARD ST  
NAPLES, FL 34113 US

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: SAMUEL MARTINEZ

12/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARTINEZ, SAMUEL  
Address: 5321 BROWARD ST  
City-St-Zip: NAPLES, FL 34113 US

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: SAMUEL MARTINEZ

MGRM

12/10/2012

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