

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
15 JAN 2 PM 1:36  
ALAHASSEE, FLORIDA

DOCUMENT # LO9000072768

1. Limited Liability Company's Name

L+L Lawn Maintenance

CR2E041 (1/14)

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

2820 Wiley St.

Suite, Apt. #, etc.

3. Mailing Office Address

2820 Wiley Street

Suite, Apt. #, etc.

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

City & State

Hollywood, Florida

City & State

Hollywood, Florida

6. FEI Number

27-0595545

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33020

Country

USA

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Hattie Lee

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

2820 Wiley Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

600267936086  
01/02/15--01024--010 \*\*293.75

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

Hattie Lee

Date 12-30-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>X</u>	<u>Hattie Lee</u>	<u>2820 Wiley Street</u>	<u>Hollywood, Florida 33020</u>

S. HAWKES

JAN - 5 A.M.

EXAMINER

11. E-mail Address: leehattie1@att.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager X Hattie Lee

Date 1-12-15

Daytime Phone # 954-678-8676

Typed or printed name of signing Authorized Representative/Manager