

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 SEP 12 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000028515

1. Limited Liability Company's Name

Lakewood Ranch Lawn? Garden,
LLC

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

2709 Lorraine Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

- Same -

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Zip

34211

Country

US

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

3-14-11

6. FEI Number

275557037

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

Rebecca White

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

12217 Clubhouse Dr.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34202

E-mail Address:

900239479569
09/11/12-01018-007 **238.75

brwhitehouse@aol.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 608, F.S.

Signature of

Registered Agent

Rebecca White

Date 9-6-12

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
MEM	Randy White	12217 Clubhouse Dr.	Bradenton, FL 34202

REINSTATEMENT

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

[Signature]

Date 9-6-12

Daytime Phone # 941-462-2626

Typed or printed name of signing Managing Member/Manager