

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000058077

Entity Name: NO MOW WORRIES LLC

**FILED**  
**Oct 04, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

11390 ASTON HALL DR. S  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

11390 ASTON HALL DR. S  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

FEI Number: 90-0742172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WATKINS, JOHN  
11390 ASTON HALL DR. S  
JACKSONVILLE, FL 32246 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: JOHN WATKINS

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: WATKINS, JOHN  
Address: 11390 ASTON HALL DR. S  
City-St-Zip: JACKSONVILLE, FL 32246 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JOHN WATKINS

MGRM

10/04/2014

Electronic Signature of Authorized Person

Date