

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000077705

**FILED**  
**Nov 15, 2012**  
**Secretary of State**

**Entity Name:** VILLAGE LANDSCAPING, LLC

**Current Principal Place of Business:**

1096 ALCOVE LOOP  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

1096 ALCOVE LOOP  
THE VILLAGES, FL 32162

**New Mailing Address:**

**FEI Number:** 45-2785145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLSON, D. MARK  
1096 ALCOVE LOOP  
THE VILLAGES, FL 32162 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:** D. MARK OLSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** OLSON, II, MARK  
**Address:** 15999 SE 89TH TERRACE  
**City-St-Zip:** SUMMERFIELD, FL 34492

**Title:** MGRM  
**Name:** OLSON, D. MARK  
**Address:** 1096 ALCOVE LOOP  
**City-St-Zip:** THE VILLAGES, FL 32162

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:** D. MARK OLSON

MGRM

11/15/2012

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