

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000115734

**FILED**  
**Oct 18, 2013**  
**Secretary of State**

**Entity Name:** EARTHSCAPES IRRIGATION CONTRACTORS, LLC

**Current Principal Place of Business:**

P.O BOX 3248  
LAKE CITY, FL 32056

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 3248  
LAKE CITY, FL 32056

**New Mailing Address:**

**FEI Number:** 45-3419698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYDIA, NICKELSON  
484 NW TURNER AVE  
LAKE CITY, FL 32025 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: LYDIA NICKELSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LYDIA, NICKELSON  
Address: 484 NW TURNER AVE  
City-St-Zip: LAKE CITY, FL 32056

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: LYDIA NICKELSON

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10/18/2013

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