

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 JUL 23 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000080807

1. Limited Liability Company's Name

Charlie's Landscaping Maintenance
+ Tree Service, LLC

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

16886 Lake Christiana Ct

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

Country

32310

Zip

Country

8. Name and Address of Current Registered Agent

Name

Charlie J Williams

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

16886 Lake Christiana Ct

Apt. #, Etc.

City

Tallahassee FL

State

FL

Zip Code

32310

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

Charlie J Williams

Date 7-23-15

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
MEMR	Charlie J Williams	16886 Lake Christiana Ct	Tallahassee FL 32310

REINSTATEMENT

glt

11. E-mail Address: Miles420.CW@gmail.com

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Charlie J Williams

Date

7-23-15

Daytime Phone #

(850) 274-5340

Typed or printed name of signing authorized representative/member

Charlie J Williams