

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2016 APR 12 AM 11:20

FILED  
TALLAHASSEE

DOCUMENT # L14000070297

1. Limited Liability Company's Name

J! Kutzke Landscaping, LLC

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

1104 N. Collier Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

1570 Jamaica Ct.

Suite, Apt. #, etc.

City & State

Marco Island, FL

Zip

34145

Country

USA

City & State

Marco Island, FL

Zip

34145

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

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

Jamie B Greusel

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

1104 N. Collier Blvd.

Apt. #, Etc

City

Marco Island

State

FL

Zip Code

34145

700284491337  
04/12/16--01038--019 \*\*138.75

700284491337  
04/12/16--01038--018 \*\*243.75

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

*Jamie B Greusel*  
REGISTERED AGENT MUST SIGN

Date

3/23/16

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
AMBR	Jeffrey Kutzke	1570 Jamaica Ct.	Marco Island, FL 34145
<b>REINSTATEMENT</b>			
2015-2016			

11. E-mail Address: jamie@jamiegreusel.net

(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

Date

Daytime Phone #

239-825-6713

Typed or printed name of signing authorized representative/member