

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L14000078434

1. Entity Name
TIMCO LAWN SERVICE LLC.



APPROVAL
FILED

16 SEP 26 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3081 NORTH MISSION ROAD
TALLAHASSEE, FL 32303

Mailing Address
3081 NORTH MISSION ROAD
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09262016 REIN-LLC CR2E101 (12/11)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCUTCHEN, TIM Y,
3081 NORTH MISSION ROAD
TALLAHASSEE, FL 32303

Name Tim R. McCutchen

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

3081 North Mission Road

City Tallahassee

FL

Zip Code
32303

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Sep 26, 2016
DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2017, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10.

TITLE MGR ☐ Delete
NAME MCCUTCHEN, TIMOTHY R
STREET ADDRESS 3081 NORTH MISSION ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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REINSTATEMENT

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [Signature]

9-26-16

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

E-MAIL ADDRESS