

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 30 AM 0:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000089231

1. Limited Liability Company's Name

Double D Lawn Care Srvs, LLC

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

6249 Foster Street

Suite, Apt. #, etc.

City & State

JUPITER, FLORIDA

Zip

33458

Country

USA

3. Mailing Office Address

6249 Foster Stree3t

Suite, Apt. #, etc.

City & State

JUPITER, FLORIDA

Zip

33458

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

PALM BEACH COUNTY, FLORIDA

5. Date Organized or Qualified

To Do Business in Florida FEB 2003

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

DORIS YATES

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

6249 FOSTER STREET

Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

400280485404
12/30/15--01004--019 **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

Doris Yates

REGISTERED AGENT MUST SIGN

Date

12/28/15

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
VP	RICHARD YATES	6249 FOSTER STREET	JUPITER, FL 33458

11. E-mail Address: DOSSA390@ATT.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

Doris Yates

Date

12/28/15

Daytime Phone #

861-746-4840

Typed or printed name of signing authorized representative/member

DORIS YATES