


APPROVED
AND
FILED

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

16 AUG -1 PM 3:49

DOCUMENT # L14000147749	
1. Entity Name BIG SAL'S LAWN CARE LLC	

Principal Place of Business 233 DUPONT AVE. QUINCY, FL 32351-Q	Mailing Address 233 DUPONT AVE. QUINCY, FL 32351-Q
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800288590098
08/02/16--01002--002 **377.50



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08012016 REIN-LLC CR2E101 (12/11)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent	
YANEZ, SALVADOR 233 DUPONT AVE. QUINCY, FL 32351-Q	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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

S. Yanez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/1/16
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. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AMBR YANEZ, SALVADOR 233 DUPONT AVE. QUINCY, FL 32351Q <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

S. Yanez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

E MAIL ADDRESS