

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17000036786

1. Limited Liability Company's Name

HD Lawn & Care LLC

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

3728 NE 12th Ave

Suite, Apt #, etc

City & State

Cape Coral FL

Zip

33909

Country

USA

3. Mailing Office Address

3728 NE 12th Ave

Suite, Apt #, etc

City & State

Cape Coral FL

Zip

33909

Country

USA

CR2EC41 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

82-0595558

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

Matthew W. Willett

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

3728 NE 12th Ave

Ant #, Etc

City

Cape Coral

State

FL

Zip Code

33909

First 18-22
10/27/22
DC

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/27/22

9. Names and Street Addresses of Authorized Representatives/Managers

Titles

Name of
Authorized Representatives/
Managers

Street Address of Each
Authorized Representative/
Manager

City / State / Zip

MGR Matthew W. Willett

3728 NE 12th Ave

Cape Coral, FL 33909

11. E-mail Address

HdLawn@hotmail.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

[Signature]

Date

4/27/22

Daytime Phone #

239.910.2491