

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 217000137860

1. Limited Liability Company's Name

Southern Lawn Service LLC

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

2181 Friday Rd

Suite, Apt. #, etc.

City & State

Cocoa, FL

Zip

32926

Country

USA

3. Mailing Office Address

2181 FRIDAY RD.

Suite, Apt. #, etc.

City & State

Cocoa, FL

Zip

32926

Country

USA

8. Name and Address of Current Registered Agent

Name

ROBERT E. CAVANAUGH III

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

2181 FRIDAY ROAD

Apt. #, Etc.

City

COCOA

State

FL

Zip Code

32926

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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

11. E-mail Address: SLS BREVARO@yahoo.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

6-4-2021

Daytime Phone #

321 480 9460

Typed or printed name of signing authorized representative/member

500367876255
06/08/21--01028--014 **551.25

CR2E041 (1/14)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

6-26-2017

6. FEI Number

82-2142896

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

FILED
2021 JUN -8 PM 3 44
SECRETARY OF STATE
TALLAHASSEE, FL