

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L19000101501

1. Limited Liability Company's Name
J&R LAWN CARE, LLC

700439262557
11/07/24--01013--002 **\$46.25

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 36206 PINETREE ST		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FRUITLAND PARK, FL		City & State	
Zip 34731	Country LAKE	Zip	Country

4. State/Country of Formation FL/LAKE	
5. Date Organized or Qualified To Do Business in Florida 10/1/2024	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name ANNA RYALS			
Street Address (P.O. Box Number is Not Acceptable) Suite. SAME			
Apt. #, Etc.			
City	State FL	Zip Code	

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

Anna R Ryals

Date

10/14/2024

REGISTERED AGENT MUST SIGN

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
MGR	JEFFREY RYALS	SAME	

11. E-mail Address: **J&REXPRESSLAWNCARE@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

Anna R Ryals

Date

10/14/2024

Daytime Phone #

3219458302

Typed or printed name of signing authorized representative/member

ANNA RYALS