## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000041919

FILED Oct 27, 2009 Secretary of State

Entity Name: GREEN GARDEN LANDSCAPING AND CLEANING SERVICES, CORP.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

13025 WATERFORD WOOD CIR APT-202 ORLANDO, FL 32828

11173 PINEWOOD COVE LN.

ORLANDO, FL 32817

**Current Mailing Address:** 

**New Mailing Address:** 

13025 WATERFORD WOOD CIR APT-202

11173 PINEWOOD COVE LN.

ORLANDO, FL 32828 ORLANDO, FL 32817

FEI Number: 20-8791325

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHAPARRO, DANIELA 13025 WATERFORD WOOD CIR **APT 202** 

LARSON ACCOUNTING & CONSULTING SVCS LLC 8810 COMMODITY CIRCLE, STE 17

ORLANDO, FL 32819

ORLANDO, FL 32828 US

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.

Title:

City-St-Zip:

SIGNATURE: CAROLINE LARSON

10/27/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

FEI Number Applied For ( )

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Title: () Delete

CHAPARRO, SAMUEL Name:

Address:

CHAPARRO, SAMUEL Name: 13025 WATERFORD WOOD CIR APT-202 Address: 11173 PINEWOOD COVE LN.

City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32817

Title: VΡ (X) Change ( ) Addition

Title: VΡ () Delete Name: CHAPARRO, DANIELA

Name: CHAPARRO, DANIELA Address: 11173 PINEWOOD COVE LN.

VΡ

ORLANDO, FL 32817

13025 WATERFORD WOOD CIR APT-202 Address:

SIGNATURE: DANIELA CHAPARRO

City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Electronic Signature of Signing Officer or Director

10/27/2009 Date