# that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: HERNALDO GUADARRAMA

Electronic Signature of Signing Authorized Person(s) Detail

## 2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

#### DOCUMENT# L07000072159

#### Entity Name: GUADARRAMA'S HEALTHY TURF AND FLOWERS L.L.C

#### **Current Principal Place of Business:**

2205 PLEASENT VIEW AVE RUSKIN, FL 33570

#### **Current Mailing Address:**

2205 PLEASENT VIEW AVE RUSKIN, FL 33570 US

#### FEI Number: 33-1173417

### Name and Address of Current Registered Agent:

GUADARRAMA, HERNALDO SR 2205 PLEASENT VIEW AVE RUSKIN, FL 33570 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.

#### SIGNATURE: HERNALDO GUADARRAMA

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title MGR GUADARRAMA, HERNALDO SR Name Address 2205 PLEASENT VIEW AVE

City-State-Zip: RUSKIN FL 33570

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

MANAGER

03/19/2015
Date

#### FILED Mar 19, 2015 Secretary of State CR8485129218

Certificate of Status Desired: Yes

03/19/2015 Date