# Idaho Limited Liability Company Reinstatement Form

**File online at: sosbiz.idaho.gov**

*For Office Use Only*

Re -FILED- d form to:
Id State
File #: 0004780203 atements
450 North 4th Street
Date Filed: 6/9/2022 3:39:00 PM
Boise, ID 83720
Phone: (208) 334-2300

**Reinstatement fee: $30.00.**

**SOS Control Number:** 342236
Limited Liability Company (D)

Filing Status: Inactive-Dissolved (Administrative)
Date Formed: 02/15/2012 Formation Locale: ID

**Name and Mailing Address:**
PEREZ LAWN CARE LLC
~~1209 13TH AVE S~~
~~NAMPA, ID 83651~~

(1) Add or Change Mailing Address:
1820 S Florence St
Nampa ID 83686

**Registered Agent (RA) and Registered Office (RO) Address:**
~~JACQUELYNN PEREZ~~
~~1209 13TH AVE S~~
~~NAMPA, ID 83651~~

(2) Change RA and/or RO Address:
Alfonso C Perez
18205 Florence St
Nampa ID 83686

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:** *If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.*

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

| Manager/Member | Name | Business Address | City, State, Zip |
|---|---|---|---|
| ☒ Mgr ☐ Mem | Alfonso C Perez | 18205 Florence St. | Nampa ID 83686 |
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(5) Signature: Jacquelynn Perez (6) Date: 6-9-2022

(7) Type/Print Name: Jacquelynn Perez (8) Title: manager

**Instructions:** Legibly complete the form above. **Enclose a check made payable to the Idaho Secretary of State for $30.00.**
Sign and date this form and return to the address provided above.