



# Idaho Limited Liability Company Reinstatement Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

For Office Use Only.  
Return completed form to:  
Idaho **-FILED-** State  
Attn: Reinstatements  
File #: 0004958525  
700 North 7th Street  
Date Filed: 10/20/2022 3:53:00 PM  
Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 558938

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 06/19/2017

Formation Locale: ID

## Name and Mailing Address:

(1) Add or Change Mailing Address:

DIAZ LANDSCAPING LLC  
PO BOX 3945  
NAMPA, ID 83653-3720

## Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

REFUGIO DIAZ  
849 W GEORGIA AVE  
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
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	REFUGIO DIAZ	PO BOX 3945	NAMPA 83653
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

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.

B0732-6124 10/20/2022 3:53 PM Received by Office of the Idaho Secretary of State