

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000094152

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: BCJM, LLC

**Current Principal Place of Business:**

6215 WILSON BOULEVARD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

5465 VERNA BLVD  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

P.O. BOX 441149  
JACKSONVILLE, FL 322220012

**New Mailing Address:**

P O BOX 6848  
JACKSONVILLE, FL 32236

FEI Number: 37-1529277      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JAMES, KELLY M  
6215 WILSON BOULEVARD  
JACKSONVILLE, FL 32210      US

**Name and Address of New Registered Agent:**

JAMES, KELLY M  
5465 VERNA BLVD  
JACKSONVILLE, FL 32205      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: KELLY M JAMES

01/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: JAMES, KELLY M  
Address: 6215 WILSON BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGR      ( ) Delete  
Name: BRANNEN, WILLIAM M  
Address: 6215 WILSON BLVD  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGR      ( ) Delete  
Name: EFFINGER, JERRY D  
Address: 6215 WILSON BLVD  
City-St-Zip: JACKSONVILLE, FL 32210 US

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: JAMES, KELLY M  
Address: 5465 VERNA BLVD  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MGR      (X) Change ( ) Addition  
Name: BRANNEN, WILLIAM M  
Address: 5465 VERNA BLVD  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MGR      (X) Change ( ) Addition  
Name: EFFINGER, JERRY D  
Address: 5465 VERNA BLVD  
City-St-Zip: JACKSONVILLE, FL 32205 US

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 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 608, Florida Statutes.

SIGNATURE: WILLIAM M BRANNEN, MANAGER

MR

01/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date