

L01000022782

LEAVE READING INSTRUCTIONS FOR THE COMPLETING THIS FORM FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 24 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022782

1. Limited Liability Company's Name

BBK Partners, LLC

2. Principal Office Address

10256 Estuary Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

10256 Estuary Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33647

Country

USA

Zip

33647

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

December 31, 2001

6. FEI Number

59-3761128

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Kevin Adams

Street Address (P.O. Box Number is Not Acceptable)

10256 Estuary Dr.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/21/2003

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	William Postiglione	1593 Trails End Ln.	Bolingbrook, IL 60490
MGRM	Kevin Adams	10256 Estuary Dr.	Tampa, FL 33647
MGRM	Robert Adams	28648 Holly Dr.	N. Olmsted, OH 44070

REINSTATEMENT 03

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*[Signature]*

Date 10/21/03

Daytime Phone# 813-744-2765

Typed or printed name of signing Managing Member/Manager Kevin Adams

CR2E041 (10/02)