

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 11 AM 9:43

DOCUMENT # L02000013958

1. Entity Name
BECH INVESTMENTS, LLC



Principal Place of Business
3726 BISHOP LANE
LOUISVILLE, KY 40218

Mailing Address
3726 BISHOP LANE
LOUISVILLE, KY 40218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10062005 REIN-LLC CR2E101 (6/04)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUFFY, REBECCA C
108 VALRICO STATION ROAD
APT. #8
VALRICO, FL 33594

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE CEO ☐ Delete
NAME EIFLER, JOHN
STREET ADDRESS 5207 MOCCASIN TR
CITY-ST-ZIP LOUISVILLE, KY 40207

TITLE P ☐ Delete
NAME HEPNER, ROBERT
STREET ADDRESS 6802 SPRINGLAWN CT
CITY-ST-ZIP LOUISVILLE, KY 40291

TITLE VP ☐ Delete
NAME CRAWLEY, DAVID
STREET ADDRESS 5104 HUNTERS POINT CIRCLE
CITY-ST-ZIP LOUISVILLE, KY 40216

TITLE S ☐ Delete
NAME BRUTSCHER, CHRIS
STREET ADDRESS 5913 LEON WAY
CITY-ST-ZIP LOUISVILLE, KY 40214

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000060498030
CITY-ST-ZIP 10/11/05--01056--021 **50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10-6-05

502-664-4062