

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 MAR 27 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03102008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L03000020620					
1. Entity Name BH CONSULTING LLC					
Principal Place of Business 6075 EDISON ST. COCOA, FL 32927			Mailing Address 6075 EDISON ST. COCOA, FL 32927		
2. Principal Place of Business - No P.O. Box # 2877 Mourning Dove Way		3. Mailing Address 2877 Mourning Dove Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Titusville FL		City & State Titusville FL		4. FEI Number 05-0573657	
Zip 32780		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HOLLIS, BRANDON 6075 EDISON ST. COCOA, FL 32927			7. Name and Address of New Registered Agent Name: Brandon Hollis Street Address (P.O. Box Number is Not Acceptable): 2877 Mourning Dove Way City: Titusville FL Zip Code: 32780		
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: <u>Brandon Hollis</u> <u>Brandon Hollis</u> DATE: <u>3-10-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$277.50		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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLIS, BRANDON 6075 EDISON ST. COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brandon Hollis 2877 Mourning Dove Way Titusville FL 32780	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800120588-00 03/18/08--01012--011 **277.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Brandon Hollis</u> <u>Brandon Hollis</u>			Date: <u>3-10-08</u>		Daytime Phone #: <u>(321) 433-1207</u>