

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10-1-04
200.00

2007 MAR -7 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000038266

1. Limited Liability Company's Name

BBG Consulting LLC

2. Principal Office Address - No P.O. Box #
876 Oleander Street

Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip Country
33486-3544 USA

3. Mailing Office Address
876 Oleander Street

Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip Country
33486-3544 USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida Oct. 7, 2003

6. FEI Number 55-2414537
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
Beverly Gideon

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

Suite, Apt. #, Etc.

City
Boca Raton

State Zip Code
FL 33486-3544

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Beverly Gideon

REGISTERED AGENT MUST SIGN

Date Feb. 22, 2007

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
MGRM	Beverly B. Gideon	876 Oleander Street	Boca Raton, FL 33486-3544
			200092370642 03/13/07--01039--001 **50.00
			200092370642 03/13/07--01039--002 **150.00
			REINSTATEMENT 04-07

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

Beverly Gideon

Date Feb. 22, 2007

Daytime Phone # 561-395-1757

Typed or printed name of signing Managing Member/Manager

Beverly B. Gideon