

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000043305

FILED
Mar 19, 2009
Secretary of State

Entity Name: BOGEY REAL ESTATE, LLC

Current Principal Place of Business:

6031 BOWDEN DANIELS DR
UNIT 106
TAMPA, FL 33616

New Principal Place of Business:

6770 MOSSY GLEN DRIVE
FORT MYERS, FL 33908

Current Mailing Address:

6031 BOWDEN DANIELS DR
UNIT 106
TAMPA, FL 33616

New Mailing Address:

6770 MOSSY GLEN DRIVE
FORT MYERS, FL 33908

FEI Number: 52-2413354 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

SPRECHER, WILLIAM E MGMR
11300 LINDBERGH BLVD
STE 104
FORT MYERS, FL 33913 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: WILLIAM E. SPRECHER

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPRECHER, WILLIAM E
Address: 6031 BOWDEN DANIELS DR
City-St-Zip: TAMPA, FL 33706

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPRECHER, WILLIAM E
Address: 6770 MOSSY GLEN DRIVE
City-St-Zip: FORT MYERS, FL 33908

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 E. SPRECHER

MGMR

03/19/2009

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