

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000040218

FILED
Oct 16, 2009
Secretary of State

Entity Name: BKII, L.L.C.

Current Principal Place of Business:

6224 N.W. 43RD ST, STE B
GAINESVILLE, FL 32653

New Principal Place of Business:

1301 PLANTATION ISLAND DRIVE, SO.
206B
ST. AUGUSTINE, FL 32080

Current Mailing Address:

6224 N.W. 43RD ST, STE B
GAINESVILLE, FL 32653

New Mailing Address:

1301 PLANTATION ISLAND DRIVE, SO.
206B
ST. AUGUSTINE, FL 32080

FEI Number: 20-1143534 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

BIRDER, DUDLEY
6224 43RD ST, STE B
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

BIRDER, DUDLEY
1301 PLANTATION ISLAND DRIVE, SO.
206B
ST. AUGUSTINE, FL 32080 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: DUDLEY BIRDER

10/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BIRDER, DUDLEY JR
Address: 6224 N.W. 43RD ST, STE B
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BIRDER, DUDLEY JR
Address: 1301 PLANTATION ISLAND DRIVE, SO. #206B
City-St-Zip: ST. AUGUSTINE, FL 32080

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: DUDLEY BIRDER JR.

MGRM

10/16/2009

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