


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 14 PM 1:38

DOCUMENT # L04000074619					
1. Entity Name B & N ASSOCIATES, LLC.					
Principal Place of Business 2529 BIG PINE DRIVE HOLIDAY, FL 34691 US			Mailing Address 5408 ST JAMES DRIVE NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2529 Big Pine Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Holiday FL		4. FEI Number 20-1747722	
Zip		Country 34691 USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DREW KELLY 5408 ST JAMES DRIVE NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name Robert B Irving Street Address (P.O. Box Number is Not Acceptable) 2529 Big Pine Dr City Holiday FL Zip 34691		
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 Robert B Irving, mgr DATE 5/4/08 <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 IRVING, ROBERT B 2529 BIG PINE DRIVE HOLIDAY, FL 34691 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700129053067 05/12/08--01056--010 **277.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRVING, NANCY L 2529 BIG PINE DRIVE HOLIDAY, FL 34691 <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	<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	<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	<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.			REINSTATEMENT 2007-08		
SIGNATURE: Robert B Irving, mgr			Date 5/4/08 (727) 741-0167		