

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000077633

**FILED**  
**Nov 08, 2005**  
**Secretary of State**

**Entity Name:** BAK ANDERSON ROAD, LLC

**Current Principal Place of Business:**

212 N. BAY HILLS BLVD.  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

5113 W. KNOX ST  
TAMPA, FL 33634

**Current Mailing Address:**

212 N. BAY HILLS BLVD.  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

5113 W KNOX ST  
TAMPA, FL 33634

**FEI Number:** 20-1799340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEFMAN, MARGA  
212 N. BAY HILLS BLVD.  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

BAK, MICHAEL  
5113 W KNOX ST  
TAMPA, FL 33634 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: MICHAEL BAK

11/08/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REAL ESTATE EXCHANGE, SERVICES, INC .  
Address: 212 N. BAY HILLS BLVD.  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: BAK, MICHAEL  
Address: 5113 W KNOX ST  
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL BAK

MGR

11/08/2005

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