

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 24 AM 10:11

DOCUMENT # L04000081036

1. Entity Name
BREVARD FENCING, LLC



Principal Place of Business
4640 N. U. S. HIGHWAY 1
MELBOURNE, FL 32935 US

Mailing Address
1657 WALTZ STREET SE
PALM BAY, FL 32909 US

2. Principal Place of Business

4640 N. U. S. Highway 1

Suite, Apt. #, etc.

3. Mailing Address

1657 Waltz Street SE

Suite, Apt. #, etc.

10212005 REIN-LLC CR2E101 (6/04)

City & State

Melbourne FL

City & State

Palm Bay FL

4. FEI Number

41-2157044

Applied For

Not Applicable

Zip

32935

Country

US

Zip

32909

Country

US

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, KRISTIAN R L
1657 WALTZ STREET SE
PALM BAY, FL 32909

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Kristian Bauman

Kristian Bauman Manager

11/12/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BAUMAN, KRISTIAN R L
STREET ADDRESS 1657 WALTZ STREET SE
CITY-ST-ZIP PALM BAY, FL 32909

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Kristian Bauman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/12/05 (321) 271-7918

Date

Daytime Phone #