2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# L04000082693

Entity Name: B & L INDUSTRIES, LLC

Current Principal Place of Business:

4555 MRYTLE BEACH DR.
SEBRING, FL 33875

New Principal Place of Business:

5048 STRAFFORD OAKS DR
SEBRING, FL 33875

Current Mailing Address:

PO BOX 7367
SEBRING, FL 33872

New Mailing Address:

5048 STRAFFORD OAKS DR
SEBRING, FL 33875

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

ALVAREZ, JUAN C
4555 MRYTLE BEACH DR
SEBRING, FL 33875 US

Name and Address of New Registered Agent:

ALVAREZ, JUAN C
5048 STRAFFORD OAKS DR
SEBRING, FL 33875 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: JUAN ALVAREZ 10/27/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ALVAREZ, JUAN C
Address: PO BOX 7367
City-St-Zip: SEBRING, FL 33872

Title: MGRM ( ) Delete
Name: ALVAREZ, MICHELLE
Address: PO BOX 7367
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALVAREZ, JUAN C
Address: 5048 STRAFFORD OAKS DR
City-St-Zip: SEBRING, FL 33875

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

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: JUAN ALVAREZ PRES 10/27/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date