

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000086209

1. Entity Name  
BSH, LLC



FILED

2007 DEC -4 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
500 SOUTHEAST FIFTH AVENUE  
PENTHOUSE 01  
BOCA RATON, FL 33432 US

Mailing Address  
500 SOUTHEAST FIFTH AVENUE  
PENTHOUSE 01  
BOCA RATON, FL 33432 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012007 REIN-LLC CR2E101 (1/07)

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALPERIN, BARRY S  
500 SOUTHEAST FIFTH AVENUE  
PENTHOUSE 01  
BOCA RATON, FL 33432

Name

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

City

FL

Zip Code

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

*Barry S Halperin*

(NOTE: Registered Agent signature required when reinstating)

DATE

11/26/07

FILE NOW!!! FEE IS \$50.00  
After January 1, 2008, Fee will be \$100.00

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 MGRM ☐ Delete  
NAME HALPERIN, BARRY S  
STREET ADDRESS 500 SOUTHEAST FIFTH AVENUE, PENTHOUSE 01  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600112663136  
11/28/07--01045--008 \*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Barry S Halperin*

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

11/26/07

Date

Daytime Phone #