

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAR 17 PM 12:09

DOCUMENT # L05000000629

1. Limited Liability Company's Name

B & B Investment LLC

02/25/11--01021--013 **\$46.25

400196062724
02/25/11--01021--013 **\$46.25
CR2E04T(1/11)

2. Principal Office Address - No P.O. Box #
1779 Markham Glen Circle

3. Mailing Office Address
P.O. Box 520063

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32779

Country

USA

Zip

32750

Country

USA

4. State/Country of Formation

Florida/ USA

5. Date Organized or Qualified
To Do Business in Florida

01/03/2005

6. FEI Number

01-0826966

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

jasburke@yahoo.com

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name
Jasmine Burke

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

1779 Markham Glen Circle

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

S.M. Burke

Date **02/22/11**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jasmine Burke	1779 Markham Glen Circle	Longwood, FL 32779
MGRM	Donald Burke	1779 Markham Glen Circle	Longwood, FL 32779
MGRM	Edline Burke	1218 Creekside Drive	Wellington, FL 33414

REINSTATEMENT 9.11

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

S.M. Burke

Date **02/22/11**

Daytime Phone # **407-833-8601**

Typed or printed name of signing Managing Member/Manager **Jasmine Burke**

N. Culligan MAR 17 2011