

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000003194

**FILED**  
**Apr 24, 2009**  
**Secretary of State**

**Entity Name:** BK ENTERPRISES OF TALLAHASSEE, LLC

**Current Principal Place of Business:**

3063 BELL GROVE DRIVE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14365  
TALLAHASSEE, FL 323174365

**New Mailing Address:**

3063 BELL GROVE DR  
TALLAHASSEE, FL 32308

FEI Number: 20-2137599      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

KOEGEL, ROBERT  
3063 BELL GROVE DRIVE  
TALLAHASSEE, FL 32308      US

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

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: ROBERT KOEGEL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR      ( ) Delete  
Name: BUCHHOLZ, JASON  
Address: 4495 FOXCROFT DR  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

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: ROBERT KOEGEL

MR

04/24/2009

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