



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 12 AM 9:16

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|--|--|--|---|--|--|
| DOCUMENT # L05000014330 1. Entity Name BC'S PLUMBING REPAIR & DRAIN CLEANING, LLC | | | |  | |
| Principal Place of Business 229 10TH AVENUE OCOE, FL 34761 US | | | Mailing Address 229 10TH AVENUE OCOE, FL 34761 US | | |
| 2. Principal Place of Business 229 10th Ave 305 16th Ave | | 3. Mailing Address P.O. Box 1299 | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 10162006 REIN-LLC CR2E101 (11/05) | |
| City & State OCOE Florida | | City & State OCOE Florida | | 4. FEI Number 26-2333663 | |
| Zip 34761 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CALLAHAN, BILLY C 229 10TH AVENUE OCOE, FL 34761 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 <u>Billy Callahan</u> 10-16-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2007, 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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM CALLAHAN, BILLY C 229 10TH AVENUE OCOE, FL 34761 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: <u>Billy Callahan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | 10-16-06 407-656-3565 <small>Date Daytime Phone #</small> | |