

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000015453

Entity Name: BSN PROPERTIES, LLC

FILED  
Jul 04, 2007  
Secretary of State

**Current Principal Place of Business:**

2104 BLUE IRIS PLACE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2104 BLUE IRIS PLACE  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

VARMA, BOB A  
2104 BLUE IRIS PLACE  
LONGWOOD, FL 32779      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: BOB A VARMA

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      VARMA, BOB A  
Address:                      2104 BLUE IRIS PLACE  
City-St-Zip:                      LONGWOOD, FL 32779

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      VARMA, SUZIE S  
Address:                      2104 BLUE IRIS PLACE  
City-St-Zip:                      LONGWOOD, FL 32779

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      VARMA, NICOLE T  
Address:                      2104 BLUE IRIS PLACE  
City-St-Zip:                      LONGWOOD, FL 32779

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: SUZIE S VARMA

MGRM

07/04/2007

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