

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 12 PM 2:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05-23562

1. Limited Liability Company's Name

B & B PARTNERS, LLC

000137785840
11/10/08--01040--012 **138.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1835 Harbor Pointe Circle

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33327

Country

3. Mailing Office Address

1835 Harbor Pointe Circle

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33327

Country

4. State/Country of Formation

Florida-Broward

5. Date Organized or Qualified
To Do Business in Florida

03/08/2005

6. FEI Number

20-2513344

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Robert Auerbach

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

1835 Harbor Pointe Circle

Suite, Apt. #, Etc.

City

Weston

State
FL

Zip Code
33327

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/3/2008

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	Robert Auerbach	1835 Harbor Pointe Circle	Weston, FL 33327

REINSTATEMENT

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.

Signature of
Managing Member/Manager

Date 4/3/2008

Daytime Phone # (954) 547-3600

Typed or printed name of signing Managing Member/Manager

Robert Auerbach