

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 27 PM 1:46



DOCUMENT # L05000029532				1. Entity Name B AND P LIMITED LIABILITY COMPANY	
Principal Place of Business 3716 WARREN RIDGE STREET SARASOTA, FL 34233 US			Mailing Address PO BOX 21851 SARASOTA, FL 34276 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 3716 Warren Ridge St		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State SARASOTA, FL		
Zip	Country	Zip	Country	4. FEI Number 20-2549037	
34233	USA	34233	USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARTLETT, SCOVILL W P A 1605 MAIN STREET SARASOTA, FL 34276				Name BRIAN McALLISTER	
				Street Address (P.O. Box Number is Not Acceptable)	
				3716 Warren Ridge St	
				City SARASOTA FL Zip Code 34233	
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				DATE 11/19/07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, 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 LOSCH, PATRICIA A 3716 WARREN RIDGE STREET SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600112513986 11/21/07--01052--002 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCALLISTER, BRIAN C 3716 WARREN RIDGE STREET SARASOTA, FL 34233 <input type="checkbox"/> Delete	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.			REINSTATEMENT 2007		
SIGNATURE:			DATE 11/19/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		