

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L05000041301</b>					
<b>1. Entity Name</b> BG GILLIAM, LLC					
<b>Principal Place of Business</b> 8460 SAILING LOOP BRADENTON, FL 34202-2229 US			<b>Mailing Address</b> 8460 SAILING LOOP BRADENTON, FL 34202-2229 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 68-0628044	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GILLIAM, ROBERT W 8460 SAILING LOOP BRADENTON, FL 34202-2229			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE: <i>Robert W Gilliam</i>				DATE: 1-29-09	
(NOTE: Registered Agent signature required when reinstating)				DATE	
<b>FILE NOW!!! FEE IS \$377.50</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLIAM, ROBERT W 8460 SAILING LOOP BRADENTON, FL 342022229	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLIAM, GRACE C 8460 SAILING LOOP BRADENTON, FL 342022229	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>			<b>SIGNATURE:</b> <i>Robert W Gilliam</i>		
(NOTE: Registered Agent signature required when reinstating)			DATE: 1-29-09		
DAYTIME PHONE #			941-356-6232		

FILED

09 FEB 10 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



01262009 REIN-LLC CR2E101 (1/07)

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLIAM, ROBERT W  
8460 SAILING LOOP  
BRADENTON, FL 34202-2229

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