

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000048536

Entity Name: BCL PROPERTIES, LLC

FILED
Jun 11, 2007
Secretary of State

Current Principal Place of Business:

309 GRAND VALLEY DRIVE
LAKE MARY, FL 32746

New Principal Place of Business:

5680 WAYSIDE DRIVE
SANFORD, FL 32771

Current Mailing Address:

309 GRAND VALLEY DRIVE
LAKE MARY, FL 32746

New Mailing Address:

5680 WAYSIDE DRIVE
SANFORD, FL 32771

FEI Number: 20-2848614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LARSON, BEN L
309 GRAND VALLEY DRIVE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

LARSON, BEN L
5680 WAYSIDE DRIVE
SANFORD, FL 32771 US

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: BEN L. LARSON

06/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LARSON, BEN L
Address: 309 GRAND VALLEY DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: LARSON, CHRISTY L
Address: 309 GRAND VALLEY DRIVE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LARSON, BEN L
Address: 5680 WAYSIDE DRIVE
City-St-Zip: SANFORD, FL 32771

Title: MGRM (X) Change () Addition
Name: LARSON, CHRISTY L
Address: 5680 WAYSIDE DRIVE
City-St-Zip: SANFORD, FL 32771

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: BEN L. LARSON

CEO

06/11/2007

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