PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE PLANT OF STATE OF CORPORATIONS

	TED LIABILITY COMPANY NSTATEMENT	FLORIDA DEPART Secretary DIVISION OF CO	of State		09 AUG -4 PM 2: 43	
1. Limite	d Liebility Company's Namo	0053506				
BC	: A Properties LL	L			5001558937 25 5/13/0901002016 **421.25	
2. Principal Office Address - No P.O. Box# 3. Mailing Office Address				-	CR2E041 (10/08)	
	5W. Forest Hill Blud.	1 -	Same		ntry of Formation	
Suite, Apt.	. W, etc.	Sulfo, Apt. #, etc.		FL		
S	ute 1307			5, Date Organ To Do Bus	ntzed or Qualified hoss In Florida 5/27-105	
City & Stat		City & State		A. FELNumb	Applied For	
Wel	· · · · · · · · · · · · · · · · · · ·	7112		68-	0607728 Not Applicable	
336	114 Country U.S.	Zip	Country	7.	SOF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
6. Name and Address of Current Registered Agent				. /		
Seffrey A. Deutch, P.A				A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this		
Street Address (P.O. Box Number Is Not Acceptable)						
"7777 Glades Road, Stufe 300					box, you are certifying the prior notices were	
Suite 300				not received and requesting the \$100 reinstatement be waived.		
City BOCA RATON # State Zip Code FL 33434					, .	
9. I, being	g appointed the registered agent of the abov	e named timited lipblity com	pany, am familiar with and	accept the obligat	lions of Chapter 608, F.S.	
Signaturo e Registered	1 Agen1	SULY A Dut	A IGN	·	Date 5/4/09	
10. Nam	les and Street Addresses of Managing Mom					
Titles	Name of Streat Address of Ea Managing Members/Managers Managing Member/ Mar		ger City / State / Zip			
Mer	2 Richard A Schechter 12765 W. Fore		incisot 1907	Wellington, FL. 33414		
			2.73			
				Q	500155893725 8 705700-01028-010 **131 ,75	
all fae	nis reinstatement application the reason for (dissolution has been eliminate	id. The limited liability comp	anv name sallalie	d for in chapter 608, F.S. I further certify that when a the requirements of section 608.408, F.S., and that te, and my signature shall have the same legal effect	
Signature o Managing I	of Member/Manager	M/	Date_5	1104	oylima Phone # 51d 333 3667	
Typed or pr	rinted name of signing Managing Membar/A	ranager Rick C	siles - Mhr	-		

REINSTATEMENT 2006-2009



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 AUG -4 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 28, 2009

BCA PROPERTIES LLC 12765 W FOREST HILL BLVD STE 1307 WELLINGTON, FL 33414

SUBJECT: BCA PROPERTIES LLC

Ref. Number: L05000053506

We have received your document for BCA PROPERTIES LLC and check(s) totaling \$421.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 709A00018019

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

gion of Cornerations P.O. BOY 6397 Tellahagges Florida 3931