## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000073977

15606 COCHESTER DRIVE

TAMPA, FL 33647 US

Address:

City-St-Zip:

Entity Name: BCE, LLC

FILED May 24, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5034 DEVON PARK DRIVE TAMPA, FL 34655 **Current Mailing Address: New Mailing Address:** 5034 DEVON PARK DRIVE TAMPA, FL 33647 FEI Number: 20-3205716 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUFFE, COLLEEN 5034 DÉVON PARK DRIVE TAMPA, FL 33647 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: COLLEEN CUFFE Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CUFFE, COLLEEN Name: Name: Address: 5034 DEVON PARK DRIVE Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition Name: BENEDETTI, JOHN Name: Address: 6043 FALL RIVER DRIVE Address: City-St-Zip: NEW PORT RICHEY, FL 34655 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BENEDETTI, MAUREEN Name: Name: Address: 6043 FALL RIVER DRIVE Address: City-St-Zip: NEW PORT RICHEY, FL 34655 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: EISNER, MARK Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOHN BENEDETTI MGRM 05/24/2007