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LIMITED LIABILITY REINSTATEMENT
BBC, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 JAN 11 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000086407

1. Limited Liability Company's Name

BBC, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3605 S OCEAN BLVD.	SAME
Suite, Apt. #, etc.: #434-A	Suite, Apt. #, etc.:
City & State: PALM BEACH, FL	City & State:
Zip: 33480 Country: USA	Zip: Country:

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida: 08/31/2005

6. FEI Number: 20-3397570 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: THOR M. BROWN

Street Address (P.O. Box Number is Not Acceptable): 3605 S. OCEAN BLVD.

Suite, Apt. #, Etc.: APT. #434A

City: PALM BEACH State: FL Zip Code: 33480

E-mail Address: chris@wlawoffices.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 10/11/11
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	THOR M. BROWN	3605 S OCEAN BLVD, 434A	PALM BEACH, FL 33480
	REINSTATEMENT -2008-2012		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 10/11/11 Daytime Phone # 561-655-6570

Typed or printed name of signing Managing Member/Manager: THOR M. BROWN

C.S.