

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000087246

1. Entity Name
BNR INVESTMENT, LLC.



FILED

2007 JUN 21 PM 3: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05152007 REIN-LLC CR2E101 (1/07)

Principal Place of Business
5550 E MICHIGAN ST
SUITE 1222
ORLANDO, FL 32822 US

Mailing Address
5550 E MICHIGAN ST
SUITE 1222
ORLANDO, FL 32822 US

2. Principal Place of Business - No P.O. Box #
3829 Cassia dr

3. Mailing Address
3829 Cassia dr

Suite, Apt. #, etc.
NONE

Suite, Apt. #, etc.
NONE

City & State
ORLANDO / FLORIDA

City & State
ORLANDO / FLORIDA

Zip
32828

Country
U.S.A

Zip
32828

Country
USA

4. FEI Number
203 414 369

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PROFESSIONAL ACCOUNTANTS & CONSULTANTS, IN
1157 WEST STATE ROAD 436
SUITE 105
ALT. SPRINGS, FL 32714

7. Name and Address of New Registered Agent
Name
LEIDIS Y. BEDOYA
Street Address (P.O. Box Number is Not Acceptable)
3829 Cassia Dr.
City
ORLANDO FL Zip Code 32828

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.

SIGNATURE DATE 6/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00

I DID NOT RECEIVED PRIOR NOTICE
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR Delete
NAME ROMAN, JOSE X
STREET ADDRESS 5550 E MICHIGAN ST SUITE 1222
CITY-ST-ZIP ORLANDO, FL 32822

TITLE MGR Delete
NAME BEDOYA, LEIDIS
STREET ADDRESS 5550 E MICHIGAN ST SUITE 1222
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME ROMAN, JOSE X.
STREET ADDRESS 3829 Cassia Dr.
CITY-ST-ZIP ORLANDO, FL 32822

TITLE MGR ☒ Change ☐ Addition
NAME BEDOYA, LEIDIS
STREET ADDRESS 3829 CASSIA DR.
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Change ☐ Addition
NAME 200104743002
STREET ADDRESS 06/22/07--01040--011 **50.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200104743002
STREET ADDRESS 06/22/07--01040--012 **50.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/16/07
Date

407-5575145
Daytime Phone #