

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000101238

1. Entity Name
BITCOM LLC



Principal Place of Business
62 ST. GEORGE ST
ST. AUGUSTINE, FL 32084

Mailing Address
62 ST. GEORGE ST
ST. AUGUSTINE, FL 32084

FILED

2009 JAN 12 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11192008 REIN-LLC

CR2E101 (1/07)

City & State

City & State

4. FEI Number
02-0755299

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENNINGTON, JAMES D SR.
103 DOLPHIN DRIVE
ST.AUGUSTINE, FL 32080

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12/26-2008

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PENNINGTON, JAMES D SR.
STREET ADDRESS 103 DOLPHIN DR.
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE ☐ Change ☐ Addition
NAME 200139532272
STREET ADDRESS 01/06/09--01012--002 ***138.75
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME PENNINGTON, MARLA F
STREET ADDRESS 103 DOLPHIN DRIVE
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date: 12-26-2008