

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L05000105827

1. Limited Liability Company's Name  
**B B & D, LLC**

200315420362  
07/13/18--01029--019 \*\*138.75  
200315420362  
07/02/18--01044--006 \*\*382.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <b>6720 SW 141 Street</b>		3. Mailing Office Address <b>12600 SW 120th Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>108</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33158</b>	Country <b>US</b>	Zip <b>33186</b>	Country <b>US</b>

4. State/Country of Formation <b>Florida/United States</b>	
5. Date Organized or Qualified To Do Business in Florida <b>10/28/2005</b>	
6. FEI Number <b>14-1941436</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent		
Name <b>Bernard Carr</b>		
Street Address (P.O. Box Number is Not Acceptable) Suite, <b>6720 SW 141 Street</b>		
Apt. #, Etc.		
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33158</b>

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **06/28/2018**

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Bernard Carr	6720 SW 141 Street	Miami, FL 33158
MGRM	Barbara Carr	6720 SW 141 Street	Miami, FL 33158
MGRM	Dexter B Carr	6720 SW 141 Street	Miami, FL 33158

**Y SULKER**  
**JUL 13 2018**

11. E-mail Address **gladys@berniecarr.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date **06/28/2018**

Daytime Phone # **305-233-6101**

Typed or printed name of signing authorized representative/member **Bernard Carr**