

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 **139.75
200315420362
07/02/18--01044--006 **382.50

CR2E041 (1/14)

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

4. State/Country of Formation Florida/United States	
5. Date Organized or Qualified To Do Business in Florida 10/28/2005	
6. FEI Number 14-1941436	Applied For 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
Bernard Carr

Street Address (P.O. Box Number is Not Acceptable) Suite,
6720 SW 141 Street

Apt. #, Etc.

City
Miami

State
FL

Zip Code
33158

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 FILED
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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 Date 06/28/2018

REGISTERED AGENT MUST SIGN

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