

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 JAN 24 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100218674851
01/17/12--01061--003 **793.75

CR2E041 (1/11)

DOCUMENT # L05000113580

1. Limited Liability Company's Name

BC. INSTALLATIONS, LLC.

2. Principal Office Address - No P.O. Box #

2310 SW VARDON ST

Suite, Apt. #, etc.

N/A

City & State

PORT ST LUCIE FL

Zip

34953

Country

USA

3. Mailing Office Address

2310 SW VARDON ST.

Suite, Apt. #, etc.

N/A

City & State

PORT ST LUCIE FL

Zip

34953

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

11-21-2005

6. FEI Number

203668022

☐ 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

BRIAN M. CURRY

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

2310 SW VARDON ST.

Suite, Apt. #, Etc.

N/A

City

PORT ST LUCIE

State

FL

Zip Code

34953

E-mail Address:

BNCINSTALLATIONS@COMCAST.NET
(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 1-13-2012

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
MGRM	BRIAN M. CURRY	2310 SW VARDON ST	PORT ST LUCIE FL 34953
MGRM	AMBER CURRY	2660 NW HATCHES HARBOR RD APT # 203	PORT ST LUCIE FL 34983

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 1-13-12

Daytime Phone # 772-530-2110

Typed or printed name of signing Managing Member/Manager

J. SAULSBERRY

EXAMINER

JAN 24 2012