

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

07 NOV -8 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L06000009446

1. Entity Name  
B&B PROPERTIES, LLC



Principal Place of Business  
2565 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308

Mailing Address  
2565 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308



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

3208 SHARER Rd

3. Mailing Address

2104 Delta Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4

11072007

REIN-LLC

CR2E101 (1/07)

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

20-4190542

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

32303

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BELL, JOHN T  
2565 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name Wolfe & Saley CPAs  
Street Address (P.O. Box Number is Not Acceptable)  
200-A John Knox Rd

City Tallahassee FL Zip Code 32303

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 PTR LARRY S. WOLFE

Nov 7, 2007

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
After January 1, 2008, Fee will be \$100.00

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 MGRM ☐ Delete  
NAME BELL, JOHN T  
STREET ADDRESS 2565 BARRINGTON CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32308

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Bell, John L.  
STREET ADDRESS 3208 SHARER Rd  
CITY-ST-ZIP Tallahassee FL 32312

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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: JOHN L BELL

Date

11/7/07 850 385 4901

Daytime Phone #

REINSTATEMENT