

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000016135

1. Entity Name
B&M DEVELOPMENT LLC



Principal Place of Business
6457 HAZELTINE NATIONAL DR., SUITE 115
ORLANDO, FL 32822

Mailing Address
6457 HAZELTINE NATIONAL DR., SUITE 115
ORLANDO, FL 32822

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RECEIVED
CLERK OF COURT
CLERK OF COURT



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

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

10102007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

✓ 74-3164755

Applied For

Not Applicable

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

GULER, CIHAN
4333 SILVER STAR RD #170
ORLANDO, FL 32808

Name

GOKSEN SOZER

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

6457 HAZELTINE NATIONAL DR STE 1

City

ORLANDO

FL

Zip Code

32822

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)

10/10/07

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

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ABAK, BIROL
STREET ADDRESS 4333 SILVER STAR RD #170
CITY-ST-ZIP ORLANDO, FL 32808

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME GULER, MUJDAT
STREET ADDRESS 4333 SILVER STAR RD #170
CITY-ST-ZIP ORLANDO, FL 32808

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME SOZER, GOKSEN
STREET ADDRESS 4333 SILVER STAR RD #170
CITY-ST-ZIP ORLANDO, FL 32808

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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

BIROL ABAK

✓ 10.10.07

✓ 407 852 1288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT

2007

LS