


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 DEC 13 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200167106242
01/25/10--01046--021 **555.00
CR2E041 (11/09)

DOCUMENT # LO60000071951

1. Limited Liability Company's Name

BME LLC

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

894 US Hwy 19 N

Suite, Apt. #, etc.

3. Mailing Office Address

102 S OLD DIXIE HWY

Suite, Apt. #, etc.

City & State

AMERICUS GA

Zip

31719

Country

SUMTER

City & State

LADY LAKE FL

Zip

32159

Country

LAKE

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

7/19/2006

6. FEI Number

20-5227749

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

WILLIAM K. O'BRIEN

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

102 S OLD DIXIE HWY

Suite, Apt. #, Etc.

City

LADY LAKE

State

FL

Zip Code

32159

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

William K. O'Brien

REGISTERED AGENT MUST SIGN

Date 1/14/2010

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 |
|--------|-----------------------------------|--|--------------------|
| MGR | CHAD CIANI | 894 US Hwy 19 N | AMERICUS GA 31719 |
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200167106242

05/06/11--01010--025 **163.75

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12/14/11--01017--008 **100.00

11. E-mail Address: billobrien@hartmanobrien.com

(To be used for future annual report notifications)

12. 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.

Signature of

Managing Member/Manager

Chad Ciani

Date 1-20-2010

Daytime Phone # 229-924-3910

Typed or printed name of signing Managing Member/Manager CHAD CIANI

HARTMAN, HARTMAN & O'BRIEN, PA

A CERTIFIED PUBLIC ACCOUNTING FIRM

102 SOUTH OLD DIXIE HIGHWAY
LADY LAKE, FLORIDA 32159
PHONE: 352-750-6168
FAX: 352-750-8061
Email: billobrien@hartmanobrien.com

December 7, 2011

Ms. Deborah Bruce
Regulatory Specialist II
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: BME of Central Florida LLC

Dear Ms. Bruce:

Please find enclosed a check in the amount of \$100 for the reinstatement fee for the above named corporation.

I have enclosed a copy of your correspondence regarding this matter.

Should you have any questions, please contact me at your convenience.

Sincerely,



William K O'Brien, CPA

WKO/jm
Enc.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2011

CHAD CIANI
102 S. OLD DIXIE HWY
LADY LAKE, FL 32159

SUBJECT: BME LLC
Ref. Number: L06000071951

We have received your document for BME LLC and your check(s) totaling \$718.75. However, the document has not been filed and is being retained in this office for the following:

There is no statutory provision for the waiver of the reinstatement fee.

There is a balance due of \$100.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 011A00011291