

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000087864

**FILED**  
**Sep 06, 2012**  
**Secretary of State**

**Entity Name:** BYP, LLC

**Current Principal Place of Business:**

ATT: B. YON PEACOCK  
31 HENRY FORBES ROAD  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

ATT: B. YON PEACOCK  
31 HENRY FORBES ROAD  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEACOCK, B. YON  
ATTN: B. YON PEACOCK  
31 HENRY FORBES ROAD  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: B YON PEACOCK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PEACOCK, B. YON  
Address: 31 HENRY FORBES ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: B YON PEACOCK

MGR

09/06/2012

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date