

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000119185

1. Entity Name
BC INVESTMENTS, LLC



FILED

09 FEB -3 PM 2:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01292009 REIN-LLC CR2E101 (1/07)

Principal Place of Business
1800 THE GREENS WAY
UNIT 1801
JACKSONVILLE BEACH, FL 32250

Mailing Address
1800 THE GREENS WAY
UNIT 1801
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business - No P.O. Box #
6929 WITTMAN DR.
Suite, Apt. #, etc.

3. Mailing Address
6929 WITTMAN DR.
Suite, Apt. #, etc.

City & State
FT. MYERS FL

City & State
FT. MYERS FL

Zip
33919

Country
LEE

Zip
33919

Country
LEE

4. FEI Number
20-8047628

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GROSSMAN, BETH A
1800 THE GREENS WAY
UNIT 1801
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent
Name
CLAUDETTE H. FERLAND
Street Address (P.O. Box Number is Not Acceptable)
6929 WITTMAN DR.
City
FT. MYERS FL Zip Code
33919

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 *Claudette H. Ferland* DATE 1-29-09

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROSSMAN, BETH A 1800 THE GREENS WAY UNIT 1800 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERLAND CLAUDETTE H. FT. MYERS FL. 33919 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300142708693 02/03/09--01011--010 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 02.09

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: *Claudette H. Ferland* DATE 1-29-09 239-267-4278

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