

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000000300

1. Entity Name
B&JM#1, LLC



FILED

08 NOV -4 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
14850 SOUTHWEST 252 STREET
HOMESTEAD, FL 33032

Mailing Address
14850 SOUTHWEST 252 STREET
HOMESTEAD, FL 33032

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

10282008 REIN-LLC

CR2E101 (1/07)

4. FEI Number
42-1766210

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

ADMIRE, JOHN G ESQ.
SULLIVAN ADMIRE & SULLIVAN
2555 PONCE DE LEON BLVD., SUITE 320
CORAL GABLES, FL 33134-6082

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$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
MGRM
MARTEN, BERNHARD
STREET ADDRESS
14850 SOUTHWEST 252 STREET
CITY-ST-ZIP
HOMESTEAD, FL 33032 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600137494076
10/30/08--01047--011 **138.75 ☐ Change ☐ Addition

TITLE
NAME
MGRM
MARTENS, JOAN
STREET ADDRESS
14850 SOUTHWEST 252 STREET
CITY-ST-ZIP
HOMESTEAD, FL 33032 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT

W/O Penalty 2008

np 11/5

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:

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

Joan Martens

10/28/08

Date

805-342-9150
805-258-3788

Daytime Phone #