

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000053925

FILED  
Oct 26, 2009  
Secretary of State

Entity Name: BSBP, LLC

**Current Principal Place of Business:**

433 NE 1ST TERR  
CRYSTAL RIVER, FL 34429 US

**New Principal Place of Business:**

**Current Mailing Address:**

6346 W FAIRLEE CT  
CRYSTAL RIVER, FL 34428 US

**New Mailing Address:**

FEI Number: 26-0215269      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DEBUSK, SHARON  
6346 W FAIRLEE CT  
CRYSTAL RIVER, FL 34428 US

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

ELDEREDGE, ROBERT J  
3580 E GULF TO LAKE HWY  
INVERNESS, FL 34453 US

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: ROBERT J ELDREDGE

10/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEBUSK, WILLIAM  
Address: 6346 W FAIRLEE CT  
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: MGRM ( ) Delete  
Name: DEBUSK, SHARON  
Address: 6346 W FAIRLEE CT  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: MGRM ( ) Delete  
Name: DEBUSK, BRIAN  
Address: 6659 W ROBIN LANE  
City-St-Zip: HOMOSASSA, FL 34448 US

Title: MGRM ( ) Delete  
Name: DEBUSK, PENNY  
Address: 6659 W ROBIN LANE  
City-St-Zip: HOMOSASSA, FL 34448 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SHARON DEBUSK

MGRM

10/26/2009

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