


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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|--|---------------------------------|---|--|--|--|
| DOCUMENT # L07000077007 1. Entity Name BBGB INTERNATIONAL INDUSTRIES, LLC | | | |  | |
| Principal Place of Business 2601 VENETIAN DRIVE BOYNTON BEACH, FL 33426 | | | | Mailing Address 2601 VENETIAN DRIVE BOYNTON BEACH, FL 33426 | |
| 2. Principal Place of Business - No P.O. Box # 428 Oak Leaf Ct. Suite, Apt. #, etc. Pensacola, FL | | 3. Mailing Address - Same - Suite, Apt. #, etc. | | FILED 08 OCT 15 PM 12:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA  | |
| City & State 32514 | | City & State | | | |
| Zip Country U.S. | | Zip Country | | | |
| 4. FEI Number 22-3967302 | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 10012008 REIN-LLC CR2E101 (1/07) | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | | 7. Name and Address of New Registered Agent Name Laurie Billeaud Street Address (P.O. Box Number is Not Acceptable) 428 Oak Leaf Ct. City Pensacola FL Zip Code 32514 | |
| 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 <i>Laurie Billeaud</i> DATE 10/3/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE MGR NAME BILLEAUD, LAURIE STREET ADDRESS 2601 VENETIAN DRIVE CITY-ST-ZIP BOYNTON BEACH, FL 33426 | <input type="checkbox"/> Delete | | TITLE MGR NAME Billeaud, Laurie STREET ADDRESS 428 Oak Leaf Ct. CITY-ST-ZIP Pensacola, FL 32514 | <input checked="" 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 | |
| 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 | |
| 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 | |
| REINSTATEMENT 08 | | | | 300136866719 10/13/08--01027--003 **238.75 | |
| 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 | |
| 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: <i>Laurie Billeaud</i> | | | | Date 10/3/08 Daytime Phone # 954-303-3889 | |