

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L07000087709**

1. Limited Liability Company's Name

BCD Properties, LLC

2. Principal Office Address - No P.O. Box #

17909 Crawley Road

Suite, Apt. #, etc.

City & State

Odessa FL

Zip

33556

Country

USA

3. Mailing Office Address

P.O. Box 17418

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33682

Country

USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 8/24/2007

6. FEI Number
59-1348009

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Geoffrey Todd Hodges

Street Address (P.O. Box Number is Not Acceptable)
905 Shaded Water Way

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/19/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Benjamin Haire	17909 Crawley Road	Odessa FL 33556
MGR	Geoffrey Todd Hodges	905 Shaded Water Way	Lutz FL 33549

900176631899
04/20/10--01024--013 **516.25

REINSTATEMENT -08-10

11. E-mail Address: gthodges1@msn.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 4/19/10

Daytime Phone # 813-935-3650

Typed or printed name of signing Managing Member/Manager

Geoffrey Todd Hodges

FILED

10 APR 20 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

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