

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000111013

FILED  
Sep 30, 2009  
Secretary of State

Entity Name: BCALM SERVICES JYL LLC

**Current Principal Place of Business:**

21000 BOCA RIO ROAD  
SUITE C-4  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

620 W FAIRBANKS AVE  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 26-1341326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JARMOSZKO, RICHARD R  
620 WEST FAIRBANKS AVE  
WINTER PARK, FL 32789 US

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

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: RICHARD JARMOSZKO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PAT BUCKLEY  
Address: 11 ROBERT TONER BLVD., SUITE 26B  
City-St-Zip: NORTH ATTLEBORO, MA 02760

Title: MGR ( ) Delete  
Name: BEEKMAN, LARRY  
Address: 22718 VISTAWOOD WAY  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALAN RIENDEAU  
Address: 263 JENCKES HILL ROAD  
City-St-Zip: LINCOLN, RI 02865

Title: MGR (X) Change ( ) Addition  
Name: CHARLES, VACHON  
Address: 263 JENCKES HILL ROAD  
City-St-Zip: LINCOLN, RI 02865

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: ALAN RIENDEAU

MGRM

09/30/2009

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