

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000017594

Entity Name: BJNDESIGNS, LLC.

FILED  
Oct 16, 2009  
Secretary of State

## Current Principal Place of Business:

2550 SE VICTORY AVE  
PORT ST. LUCIE, FL 34952

## New Principal Place of Business:

## Current Mailing Address:

2550 SE VICTORY AVE  
PORT ST. LUCIE, FL 34952

## New Mailing Address:

FEI Number: 26-1908179      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:

NELSON, BILLY  
2550 SE VICTORY AVE  
PORT ST. LUCIE, FL 34952      US

## Name and Address of New Registered Agent:

NELSON, BILLY J  
2550 SE VICTORY AVE  
PORT ST. LUCIE, FL 34952      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: BILLY NELSON

10/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: NELSON, BILLY JOE  
Address: 2550 SE VICTORY AVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM      ( ) Delete  
Name: SALICA NELSON, KRISTINE  
Address: 2550 SE VICTORY AVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: NELSON, BILLY J  
Address: 2550 SE VICTORY AVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM      (X) Change ( ) Addition  
Name: NELSON, KRISTINE S  
Address: 2550 SE VICTORY AVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: KRISTINE NELSON

MGRM

10/16/2009

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