

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 29 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200189095962
12/29/10--01029--003 **238.75

CR2E041 (05/10)

DOCUMENT # L09000019936

1. Limited Liability Company's Name

B+B LANDCLEARING + SERVICES LLC

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

15384 104TH STREET

Suite, Apt. #, etc.

City & State

LIVE OAK FL

Zip

32060

Country

US

3. Mailing Office Address

15384 104TH STREET

Suite, Apt. #, etc.

City & State

LIVE OAK, FL

Zip

32060

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02/27/2009

6. FEI Number

26-4346578

☐ 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

YANCEY H. BAKER SR.

Street Address (P.O. Box Number is Not Acceptable)

15384 104TH STREET

Suite, Apt. #, Etc.

City

LIVE OAK

State

FL

Zip Code

32060

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

Yancey H. Baker Sr.
REGISTERED AGENT MUST SIGN

Date

12-28-10

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	YANCEY H. BAKER, SR	15384 104TH STREET	LIVE OAK, FL 32060
MGR	MARVIN R. BAKER JR	15326 104TH STREET	LIVE OAK, FL 32060
MGR	FRANKLIN M. BAKER	15318 104TH STREET	LIVE OAK, FL 32060

REINSTATEMENT 2010

11. E-mail Address: ambaker99@yahoo.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

Marvin R. Baker Jr.

Date

12/28/10

Daytime Phone #

386-364-8622

Typed or printed name of signing Managing Member/Manager

Marvin R. Baker Jr.