

**2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000131584

**FILED**  
**Apr 23, 2013**  
**Secretary of State**

**Entity Name:** BOURRE HOLDINGS LLC

**Current Principal Place of Business:**

2566 WHISPERING PINES DR  
FLEMING ISLAND, FL 32003 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8070  
FLEMING ISLAND, FL 32006 US

**New Mailing Address:**

FEI Number: 45-4565293      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BOURRE, MICHAEL P  
2566 WHISPERING PINES DR  
FLEMING ISLAND, FL 32003 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: MICHAEL BOURRÃ©

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BOURRE, MICHAEL P  
Address: 2566 WHISPERING PINES DR  
City-St-Zip: FLEMING ISLAND, FL 32003 US

I hereby 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: MICHAEL BOURRÃ©

MGRM

04/23/2013

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