

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

20 DEC 30 PM 2:09
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01/28/21 01008 002
\$243.7

DOCUMENT # L14000018540

1. Limited Liability Company's Name
BCB AGGREGATE LLC

2. Principal Office Address - No P.O. Box #
8508 CR 728

Suite, Apt. #, etc.

City & State

CENTER HILL, FL

Zip

33514

Country

US

3. Mailing Office Address

8508 CR 728

Suite, Apt. #, etc.

City & State

CENTER HILL, FL

Zip

33514

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 02/03/2014

6. FEI Number

38-3923048

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

DONALD R BOWLES

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

8508 CR 728

Apt. # Etc.

City

CENTER HILL

State

FL

Zip Code

33514

100359805221

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent DONALD R. BOWLES

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	DONALD R BOWLES	8508 CR 728	CENTER HILL, FL 33514
MGRM	DEMETRIA D BOWLES	8508 CR 728	CENTER HILL, FL 33514

11. E-mail Address: dondemetria@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member DONALD R. BOWLES Date

Daytime Phone #

Typed or printed name of signing authorized representative/member DONALD R BOWLES