

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 MAR 14 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000093962

1. Limited Liability Company's Name
B & B Groves, LLC

2. Principal Office Address - No P.O. Box #
1175 E. George Street

Suite, Apt. #, etc.

City & State

Bartow, FL

Zip

33830

Country

USA

3. Mailing Office Address
P.O. Box 115

Suite, Apt. #, etc.

City & State

Alturas, FL

Zip

33820

Country

USA

CR2E041 (1/14)

4. State/Country of Formation
FL/Polk

5. Date Organized or Qualified
To Do Business in Florida 06/11/2014

6. FEI Number

47-1284312

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

Frederick J Bohde

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

1175 E George Street

Apt. #, Etc.

City

Bartow

State

FL

Zip Code

33830

700282282557
03/15/16--01012--006 **138.75

700282282557
02/17/16--01013--011 **238.75

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

Frederick J. Bohde

REGISTERED AGENT MUST SIGN

Date 2-11-16

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
MGR	Frederick J Bohde	1175 E George Street	Bartow, FL 33830
MGR	William F Bohde	1320 Spring Court	Bartow, FL 33830
			S. HAWKES
			FEB 23 A.M.
			EXAMINER

11. E-mail Address: bill@bohde.grove.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

Frederick J. Bohde

Date 2/11/16

Daytime Phone # 863-559-2709

Typed or printed name of signing authorized representative/member

Frederick J. Bohde