



FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000000514			
1. Entity Name BFI INVESTMENTS, LLC			
Principal Place of Business 909 WASHINGTON AVE. BAY CITY, MI 48708		Mailing Address 909 WASHINGTON AVE. BAY CITY, MI 48708	
DO NOT WRITE IN THIS SPACE			
		01032008No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 35-2232934	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILTSE, DANA 2028 27TH TERRACE CAPE CORAL, FL 33904		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		U000000831098 02/27/08-80003-021 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILTSE, DANA 2028 27TH TERRACE CAPE CORAL, FL 33904	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOOMIS, MICHAEL 1480 W. CENTER #17 ESSEXVILLE, MI 48732		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIRT, STEPHEN 909 WASHINGTON AVE. BAY CITY, MI 48708		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Dan L. Bauer DAN L. BAUER		2/11/08 (989) 892-0658	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	