

12/19/2008 10:58

(FAX)

P.002/002

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M07000001803			
1. Entity Name BMIUS, LLC			
Principal Place of Business 2486 NERREDDIA STREET, STE. A FLINT, MI 48532		Mailing Address 2486 NERREDDIA STREET, STE. A FLINT, MI 48532	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		11242006 REIN-LLC CR2E101 (1/07)	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Jill Duffy-Baricovich</i>		DATE 12-19-08	
FILE NUMBER: FREE IS \$238.75 After January 1, 2009, Fee will be \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAHLE, DAVID A 2486 NERREDDIA STREET, STE. A FLINT, MI 48532 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200138695302 12/08/08-01063-002 ***\$238.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HICKS, RANDY 2486 NERREDDIA STREET, STE. A FLINT, MI 48532 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 its predecessor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		REINSTATEMENT	
SIGNATURE: <i>Robert M. McCollum</i>		DATE: 12/24/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

810-732-6800