

1062

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2008 LIMITED LIABILITY COMPANY
REINSTATEMENT

2008 OCT -3 A 7 44

DOCUMENT # M07000004994				2008 OCT -3 A 7 44	
1. Entity Name BENTLY NEVADA, LLC		SECRETARY OF STATE ALLAHASSEE, FLORIDA			
Principal Place of Business 1631 BENTLY PARKWAY SOUTH MINDEN, NV 89423-4119		Mailing Address 1631 BENTLY PARKWAY SOUTH MINDEN, NV 89423-4119			
2. Principal Place of Business - No P.O. Box # 1631 BENTLY PARKWAY SOUTH		3. Mailing Address PO BOX 2216			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MINDEN, NV		City & State ALBANY, NY		4. FEI Number 41-2061975	
Zip 89423-4119		Country USA		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C Y 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Conne Dwyer</i>		DATE 10/03/08			
FILE NOW!! FEE 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 PALMER, BRIAN C 1631 BENTLY PARKWAY SOUTH MINDEN, NV 894234119	☐ Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEINTZLEMAN, DANIEL C 4200 WILDWOOD PARKWAY ATLANTA, GA 30339	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARSON, CANDACE F 4200 WILDWOOD PARKWAY ATLANTA, GA 30339	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMERON, BARBARA A 12 CORPORATE WOODS, BLVD ALBANY, NY 12211	☐ 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	REINSTATEMENT 08
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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Barbara A. Cameron</i>		DATE 10/2/08 510433-4337			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE (Month/Day/Year)			

1707000004994²⁰⁷²

Division of Corporations

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

BENTLY NEVADA, LLC

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