

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000040398

Entity Name: R & S ENTERPRISES, LLC

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

15201 SW 54TH STREET
MIRAMAR, FL 33027

New Principal Place of Business:

15751 SHERIDAN STREET
SUITE 414
FT LAUDERDALE, FL 33331

Current Mailing Address:

15201 SW 54TH STREET
MIRAMAR, FL 33027

New Mailing Address:

15751 SHERIDAN STREET
SUITE 414
FT LAUDERDALE, FL 33331

FEI Number: 20-8879597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHAHEED R MOHAMMED
15201 SW 54TH STREET
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

SHAHEED R MOHAMMED
15751 SHERIDAN STREET
SUITE 414
FT LAUDERDALE, FL 33331 US

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.

SIGNATURE: SHAHEED R MOHAMMED

01/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOHAMMED, SHAHEED R
Address: 2321 FAIRMONT AVE.
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOHAMMED, SHAHEED R
Address: 15751 SHERIDAN STREET STE 414
City-St-Zip: FT LAUDERDALE, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHAHEED R MOHAMMED

MGR

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date