

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000000418

**FILED**  
**Nov 10, 2008**  
**Secretary of State**

**Entity Name:** R & M ARMSTRONG VENTURES, LLC

**Current Principal Place of Business:**

450829 SR 200  
CALLAHAN, FL 32011

**New Principal Place of Business:**

**Current Mailing Address:**

450829 SR 200  
CALLAHAN, FL 32011

**New Mailing Address:**

**FEI Number:** 37-1465675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARMSTRONG, RICKEY  
450829 SR 200  
CALLAHAN, FL 32011 US

**Name and Address of New Registered Agent:**

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:** RICKEY ARMSTRONG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** ARMSTRONG, RICKEY  
**Address:** 450829 STATE ROAD 200  
**City-St-Zip:** CALLAHAN, FL 32011

**Title:** MGRM ( ) Delete  
**Name:** ARMSTONG, MARILYN  
**Address:** 450829 STATE ROAD 200  
**City-St-Zip:** CALLAHAN, FL 32011

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** RICKEY ARMSTRONG

MGRM

11/10/2008

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