

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000039054

Entity Name: R E SOLUTIONS TEAM LLC

**FILED**  
**Oct 27, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

5000-18 US HIGHWAY 17, STE 327  
ORANGE PARK, FL 32003 US

**New Principal Place of Business:**

**Current Mailing Address:**

5000-18 US HIGHWAY 17, STE 327  
ORANGE PARK, FL 32003 US

**New Mailing Address:**

FEI Number: 52-2412694      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:**

GERALD WALKER  
4910 WALCOTT AVE  
JACKSONVILLE, FL 32209 US

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

GERALD WALKER  
5000-18 US HWY 17 STE 327  
ORANGE PARK, FL 32003 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: GERALD WALKER

10/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WALKER, GERALD MGR  
Address: P.O.BOX 351692  
City-St-Zip: JACKSONVILLE, FL 32235 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WALKER, GERALD MGR  
Address: 5000-18 US HWY 17 STE 327  
City-St-Zip: ORANGE PARK, FL 32003 US

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: GERALD WALKER

MR

10/27/2008

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