2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 26, 2008
Secretary of State

DOCUMENT# L04000072812

Entity Name: R & S PROPERTIES, LLC

Current Principal Place of Business:

4861 LAUREL OAK DR
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 646
GONZALES, FL 32560

New Mailing Address:

4861 LAUREL OAK DR
PACE, FL 32571

FEI Number: 20-1735556 **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:

KIEVIT, ODOM & BARLOW
635 WEST GARDEN STREET
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

RIVERA, MANUEL MGRM
4861 LAUREL OAK DR
PACE, FL 32571 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: MANUEL RIVERA 11/26/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SANTOS, AMALIO JR.
Address: 698 10TH AVE.
City-St-Zip: NEW YORK, NY 10019

Title: MGRM ( ) Delete
Name: RIVERA, MANUEL
Address: P.O. BOX 646
City-St-Zip: GONZALES, FL 32560

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: RIVERA, MANUEL
Address: 4861 LAUREL OAK DR
City-St-Zip: PACE, FL 32571

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: MANUEL RIVERA MGRM 11/26/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date