

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000013133

Entity Name: RTI, LLC

**FILED**  
**Feb 20, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

207 BEACH AVE  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

13 CARL AVE  
SEBASTIAN, FL 32958

**Current Mailing Address:**

207 BEACH AVE  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

13 CARL AVE  
SEBASTIAN, FL 32958

FEI Number: 81-0595053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SCHMIDT, ERIC  
207 BEACH AVE  
PORT ST LUCIE, FL 34952 US

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

SCHMIDT, ERIC  
13 CARL AVE  
SEBASTIAN, FL 32958 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: ERIC W. SCHMIDT

02/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHMIDT, ERIC W  
Address: 207 BEACH AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHMIDT, ERIC W  
Address: 13 CARL AVE  
City-St-Zip: SEBASTIAN, FL 32958

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: ERIC W. SCHMIDT

MGR

02/20/2009

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