

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000121603

Entity Name: R.F. & WALTER, L.L.C.

**FILED**  
**Jan 07, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

18658 NW 77 PLACE  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 171205  
HIALEAH, FL 33017

**New Mailing Address:**

FEI Number: 20-4105289      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:**

NNADI, EDWARD O  
18658 NW 77 PLACE  
MIAMI, FL, FL 33015      US

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

NNADI, EDWARD O  
18658 NW 77 PLACE  
MIAMI, FL 33015      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: EDWARD O NNADI

01/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: NNADI, EDWARD O  
Address: 18658 NW 77 PLACE  
City-St-Zip: MIAMI, FL 33015

Title: MGR      ( ) Delete  
Name: NNADI, RUBY  
Address: 18658 NW 77 PLACE  
City-St-Zip: MIAMI, FL 33015

**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: EDDIE O NNADI

MGR

01/07/2009

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