

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 24, 2007  
Secretary of State**

DOCUMENT# L06000096086

Entity Name: KAREN G. WALSH, LLC

**Current Principal Place of Business:**

6 SOUTH PALMWAY AVE.  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

6 SOUTH PALMWAY AVE.  
ROCKLEDGE, FL 32955

**New Mailing Address:**

FEI Number: 20-5681627      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:**

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

WALSH, KAREN  
6 PALMWAY AVE.  
ROCKLEDGE, FL 32955      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: KAREN WALSH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WALSH, KAREN G  
Address: 6 SOUTH PALMWAY AVE.  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES:**

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: KAREN G WALSH

MGR

10/24/2007

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