

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000029580

Entity Name: ALL ABOUT WALKERS, LLC

FILED  
Dec 01, 2008  
Secretary of State

## Current Principal Place of Business:

1601 S.W. 128TH TERRACE  
#201  
PEMBROKE PINES, FL 33027 US

## New Principal Place of Business:

## Current Mailing Address:

1601 S.W. 128TH TERRACE  
#201  
PEMBROKE PINES, FL 33027 US

## New Mailing Address:

FEI Number: 36-4605079      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

PAULA, KNOPMAN  
1601 S.W. 128TH TERRACE  
#201  
PEMBROKE PINES, FL 33027 US 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: PAULA KNOPMAN

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KNOPMAN, KENNETH  
Address: 1601 S.W. 128TH TERRACE #201  
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGR ( ) Delete  
Name: KNOPMAN, PAULA  
Address: 1601 S.W. 128TH TERRACE #201  
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGR (X) Delete  
Name: BUREK, LINDA  
Address: 12590 CAPRI CIRCLE NORTH  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: MGR (X) Delete  
Name: BUREK, DANIEL R SR  
Address: 12590 CAPRI CIRCLE NORTH  
City-St-Zip: TREASURE ISLAND, FL 33706 US

## ADDITIONS/CHANGES:

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

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

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: KENNETH KNOPMAN

MGRM

12/01/2008

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