

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000002645

**FILED**  
**Oct 08, 2011**  
**Secretary of State**

**Entity Name:** M.N. WALTERS AND ASSOCIATES LLC

**Current Principal Place of Business:**

1139 SE ADAMS STREET  
HIGH SPRINGS, FL 32643 US

**New Principal Place of Business:**

**Current Mailing Address:**

1139 SE ADAMS STREET  
HIGH SPRINGS, FL 32643 US

**New Mailing Address:**

FEI Number: 26-4191104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WALTERS, MATTHEW N  
1139 SE ADAMS STREET  
HIGH SPRINGS, FL 32643 US

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

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: MATTHEW WALTERS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WALTERS, MATTHEW N  
Address: 1139 SE ADAMS STREET  
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: MGR  
Name: WALTERS, SUSAN P  
Address: 1139 SE ADAMS STREET  
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: MGR  
Name: WALTERS, HEATHER M  
Address: 1139 SE ADAMS ST  
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: MGR  
Name: WALTERS, RILEY K  
Address: 1139 SE ADAMS STREET  
City-St-Zip: HIGH SPRINGS, FL 32643 US

I hereby 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: MATTHEW WALTERS

MGR

10/08/2011

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