

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000119646

**Entity Name:** WALKER CABLE LLC

**FILED**  
**Sep 29, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

5 BILLING PLACE  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

5 BILLING PLACE  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WALKER, MARK  
5 BILLING PLACE  
PALM COAST, FL 32137 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: MARK WALKER

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

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: WALKER, MARK  
Address: 5 BILLING PLACE  
City-St-Zip: PALM COAST, FL 32137

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MARK WALKER

MGRM

09/29/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date