

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000019627

**FILED**  
**Oct 20, 2004**  
**Secretary of State**

**Entity Name:** RELAY ONLINE BACKUP SOLUTIONS, LLC

**Current Principal Place of Business:**

646 CHARRICE PLACE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

646 CHARRICE PLACE  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:**

BURCH, GILBERT O JR.  
646 CHARRICE PLACE  
SANFORD, FL 32771    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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title:                                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      BURCH, GILBERT O JR  
Address:                      646 CHARRICE PLACE  
City-St-Zip:                      SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GILBERT BURCH

MGRM

10/20/2004

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