

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000046470

**FILED**  
**Sep 07, 2011**  
**Secretary of State**

**Entity Name:** ROB'S DOOR CONTROL, LLC

**Current Principal Place of Business:**

4007 NW 21ST DRIVE  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

4007 NW 21ST DRIVE  
GAINESVILLE, FL 32605

**New Mailing Address:**

4007 NW 21ST DRIVE  
GAINESVILLE, FL 32605 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

MUSCHLITZ, E.E.  
4850 NW 20TH PLACE  
GAINESVILLE, FL 32605 US

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

MUSCHLITZ, BARBARA P  
4850 NW 20TH PLACE  
GAINESVILLE, FL 32605 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: BARBARA P. MUSCHLITZ

09/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MUSCHLITZ, ROBERT E  
Address: 4007 NW 21ST DRIVE  
City-St-Zip: GAINESVILLE, FL 32605 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: ROBERT E. MUSCHLITZ

MGRM

09/07/2011

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