

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000013828

**FILED**  
**Jan 29, 2006**  
**Secretary of State**

**Entity Name:** R SQUARED DEVELOPMENT, LLC

**Current Principal Place of Business:**

4060 LOQUAT AVENUE  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

4060 LOQUAT AVENUE  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

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

RAFAEL ANGEL TORRENS D'BRASIS  
4060 LOQUAT AVENUE  
MIAMI, FL 33133    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: RAFAEL ANGEL TORRENS D'BRASIS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: RAFAEL ANGEL TORRENS, SALVA  
Address: 4060 LOQUAT AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: MGRM    ( ) Delete  
Name: RAFAEL ANGEL TORRENS, D'BRASIS  
Address: 4060 LOQUAT AVENUE  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES:**

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 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: RAFAEL ANGEL TORRENS D'BRASIS

MGRM

01/29/2006

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