

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000067015

Entity Name: ROBAX, LLC

FILED  
Nov 30, 2009  
Secretary of State

**Current Principal Place of Business:**

11406 CANYON MAPLE BOULEVARD  
DAVIE, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

11406 CANYON MAPLE BOULEVARD  
DAVIE, FL 33330 US

**New Mailing Address:**

FEI Number: 55-0880639      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

CHERIAN, SAMUEL  
11406 CANYON MAPLE BOULEVARD  
DAVIE, FL 33330 US

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

SAMUEL, CHERIAN  
11406 CANYON MAPLE BOULEVARD  
DAVIE, FL 33330 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: CHERIAN SAMUEL

11/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHERIAN, SAMUEL  
Address: 11406 CANYON MAPLE BOULEVARD  
City-St-Zip: DAVIE, FL 33330

Title: MGR ( ) Delete  
Name: SAMUEL, SHIRLEY  
Address: 11406 CANYON MAPLE BOULEVARD  
City-St-Zip: DAVIE, FL 33330

Title: MGRM ( ) Delete  
Name: TORADOL LIMITED PARTNERSHIP  
Address: 11406 CANYON MAPLE BOULEVARD  
City-St-Zip: DAVIE, FL 33330

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SAMUEL, CHERIAN  
Address: 11406 CANYON MAPLE BOULEVARD  
City-St-Zip: DAVIE, FL 33330

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 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: CHERIAN SAMUEL

MGR

11/30/2009

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