

**2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Nov 05, 2005  
Secretary of State**

DOCUMENT# L04000071114

Entity Name: BENJAMIN ROBSON, LLC

**Current Principal Place of Business:**

3361 N.E. 272 AVE  
OLD TOWN, FL 32680

**New Principal Place of Business:**

**Current Mailing Address:**

3361 N.E. 272 AVE  
OLD TOWN, FL 32680

**New Mailing Address:**

P.O. BOX 1691  
OLD TOWN, FL 32680

FEI Number: 14-8220180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBSON, BENJAMIN  
3361 N.E. 272 AVE  
OLD TOWN, FL 32680 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: BENJAMIN ROBSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBSON, BENJAMIN  
Address: P.O. BOX 1691  
City-St-Zip: OLD TOWN, FL 32680

**ADDITIONS/CHANGES:**

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 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: BENJAMIN ROBSON

MGRM

11/05/2005

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