

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000030222

Entity Name: RRSA-1, LLC

FILED
Oct 23, 2006
Secretary of State

Current Principal Place of Business:

4509 NW 23RD AVE, STE 14
GAINESVILLE, FL 32606

New Principal Place of Business:

1722 NW 80TH BLVD
SUITE # 50
GAINESVILLE, FL 32606

Current Mailing Address:

4509 NW 23RD AVE, STE 14
GAINESVILLE, FL 32606

New Mailing Address:

1722 N.W. 80TH BLVD.
SUITE # 50
GAINESVILLE, FL 32606

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:

POLVERE, ROBERT J
4509 NW 23RD AVE, STE 14
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

POLVERE, ROBERT J
1722 N.W. 80TH BLVD.
SUITE # 50
GAINESVILLE, FL 32606 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: ROBERT J. POLVERE

10/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POLVERE, ROBERT J
Address: 4509 NW 23RD AVE, STE 14
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POLVERE, ROBERT J
Address: 1722 NW 80TH BLVD SUITE #50
City-St-Zip: GAINESVILLE, FL 32606

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: ROBERT J. POLVERE

MGRM

10/23/2006

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