

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049358

Entity Name: SQUARE ROOT, LLC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

520 EAST FORT KING STREET, BUILDING A
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3630
OCALA, FL 344783630

New Mailing Address:

FEI Number: 20-3091408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALDIN, WILLIAM C JR.
808 EAST FORT KING STREET
OCALA, FL 344712320 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TUCK, WILLIAM H JR.
Address: 520 SE FT KING ST., BLD A
City-St-Zip: Ocala, FL 34471

Title: ST () Delete
Name: PRESSLEY, RALPH W JR
Address: 520 SE FT KING ST., BLD A
City-St-Zip: Ocala, FL 34471

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 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: RALPH W PRESSLEY

ST

02/02/2009

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