

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049358

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: SQUARE ROOT, LLC.

**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