2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# L07000001352

Entity Name: ROB SQUARED, LLC

Current Principal Place of Business:

110 FULKERSON ROAD
ZANESVILLE, OH 43701

New Principal Place of Business:

Current Mailing Address:

13403 US HWY 1
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 20-8152313 **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:

MCBURNEY, ROBERT A
1023 KENMORE ST
PALM BAY, FL 32907 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: P ( ) Delete
Name: MCBURNEY, ROBERT
Address: 1479 SEAHOUSE ST.
City-St-Zip: SEBASTIAN, FL 32958

Title: VP ( ) Delete
Name: MASHERS, CHRISTY
Address: 1023 KENMORE ST.
City-St-Zip: PALM BAY, FL 32958

Title: CEO ( ) Delete
Name: MCBURNEY, ROBERT
Address: 110 FULDERSON RD.
City-St-Zip: ZANESVILLE, OH 43701

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT MCBURNEY P 06/23/2009

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