

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000064317

FILED  
Nov 20, 2009  
Secretary of State

Entity Name: ROB SQUARED - VERO BEACH, LLC

**Current Principal Place of Business:**

1275 US HIGHWAY 1, SUITE 3  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

13403 US HWY 1  
SEBASTIAN, FL 32958

**New Mailing Address:**

FEI Number: 26-0474165      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 ANDREW  
1023 KENMORE ST  
PALM BAY, FL 3290      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: ROB MCBURNEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: P (X) Delete  
Name: MCBURNEY, ROBERT ANDREW  
Address: 1479 SEAHOUSE ST  
City-St-Zip: SEBASTIAN, FL 32958

Title: VP (X) Delete  
Name: MASTERS, CHRISTY  
Address: 1023 KENMORE ST  
City-St-Zip: SEBASTIAN, FL 32958

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: MCBURNEY, ROBERT ANDREW  
Address: 1479 SEAHOUSE ST  
City-St-Zip: SEBASTIAN, FL 32958

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: ROB MCBURNEY

P

11/20/2009

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