

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000024145

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** A SQUARED CONSTRUCTION, LLC

**Current Principal Place of Business:**

4045 SHERIDAN AVENUE  
SUITE 241  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

4045 SHERIDAN AVENUE  
# 241  
MIAMI BEACH, FL 33140 US

**Current Mailing Address:**

4045 SHERIDAN AVENUE  
SUITE 241  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

4045 SHERIDAN AVENUE  
# 241  
MIAMI BEACH, FL 33140 US

**FEI Number:** 26-2170221      **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:**

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 NORTH DALE MABRY HWY  
SUITE 110  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

TABANNEJAD, MORIS MGRM  
4045 SHERIDAN AVENUE  
# 241  
MIAMI BEACH, FL 33140 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: MORIS TABANNEJAD

03/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RESTLER, ANDREW S  
Address: 4045 SHERIDAN AVENUE # 241  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM  
Name: TABANNEJAD, MORIS  
Address: 4045 SHERIDAN AVENUE # 241  
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby 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: MORIS TABANNEJAD

MGRM

03/25/2010

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