

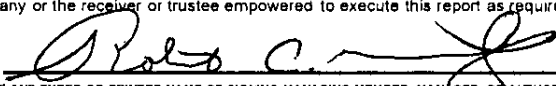


2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

15 NOV 19 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|--|---|---|--|--|
| DOCUMENT # L14000165348 1. Entity Name ROBS MARINE.RA LLC | | | |  | |
| Principal Place of Business 1112 WINIFRED DR TALLAHASSEE, FL 32308 | | | Mailing Address 3539 APALACHEE PKWY, STE 3, APT 342 TALLAHASSEE, FL 32311 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOONEY, LISA A 1112 WINIFRED DR TALLAHASSEE, FL 32308 | | | | 7. Name and Address of New Registered Agent Name ROBERT CARL ARMSTRONG Street Address (P.O. Box Number is Not Acceptable) 190 BARNES ROAD City MONTICELLO FL Zip Code 32344 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$377.50 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AMBR ARMSTRONG, ROBERT C 1112 WINIFRED DR TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E MAIL ADDRESS | | | | | |