

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Nov 06, 2005**  
**Secretary of State**

DOCUMENT# M05000000060

**Entity Name:** ROBSEN VENTURES LLC

**Current Principal Place of Business:**

22 ANTRIM RD  
HANCOCK, NH 03449

**New Principal Place of Business:**

**Current Mailing Address:**

22 ANTRIM RD  
HANCOCK, NH 03449

**New Mailing Address:**

FEI Number: 02-0528493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRAZIER, CLARENCE F  
1548 LANCASTER TERRACE  
JACKSONVILLE, FL 32204 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: CLARENCE F. FRAZIER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROBITILLE, VIRGINIA N  
Address: PO BOX 275  
City-St-Zip: HANCOCK, NH 034490275

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VIRGINIA N ROBITAILLE

MNGR

11/06/2005

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