2006 LIMITED LIABILITY COMPANY

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

ANNUAL REPORT **DOCUMENT #L05000050916** 02-02-2006 90093 019 ****50.00 INDEPENDENT MACHINE WORKS, LLC Mailing Address Principal Place of Business 2810 PARKWAY STREET, UNIT 8 2810 PARKWAY STREET, UNIT 8 LAKELAND, FL 33811 LAKELAND, FL. 33811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01182006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2934426 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, KEITH C.ESQ. Street Address (P.O. Box Number is Not Acceptable) 121 NORTH COLLINS STREET PLANT CITY, FL 33563 City Zip Code 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 Filing Fee is \$50.00 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES President / Director TITLE ☐ Detete TITI F ☐ Change X Addition Jenny Dewitt NAME NAME 4414 Log Cabin Drive STREET ADDRESS STREET ADORESS Lephand, FL 33810 City-St-71P CITY - ST. 7IP TITLE ☐ Ociete TITLE Vict President ☐ Change Addition OliVIA Dewitt NAME NAME 4414 LEG Cabin Drive STREET ADDRESS STREET ADDRESS FL 33810 CITY-ST-ZIP CITY-ST-ZIP Lakeland TITLE ☐ Chance Addition MILE ☐ Delete NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Delete TITLE. ☐ Change ☐ Addition

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.

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SIGNATURE: (

FILED Feb 27, 2006 8:00 am Secretary of State

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