2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State
03-28-2008 90172 016 ***138.75

DOCUMENT # L02000026649

1. Entity Name
OPTION CO., LLC

Principal Place of Business	Mailing Address
6508 EAST FOWLER AVENUE TAMPA, FL 33617 US	6508 EAST FOWLER AVENUE TAMPA, FL 33617 US

01282008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2330 W. Horatio St	2330 W. Horatio St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33609 Country: USA	Zip: 33609 Country: USA

4. FEI Number: 22-3877835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORP
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Kathleen Bachtel
Street Address (P.O. Box Number is Not Acceptable): 2330 W. Horatio St.
City: Tampa **FL** Zip Code: 33609

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 [signature] Kathleen Bachtel 3/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALLACE, DON 6508 EAST FOWLER AVENUE TAMPA, FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2330 W. Horatio St Tampa FL 33609	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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.

SIGNATURE: [signature] 813-868-4518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #