| 1941 NW 150 A | = | | | | | |
|------------------------|---|---------------------------------|--------------------|---|-------------|--|
| PEMBROKE PI | NES, FL 33028 | | | | | |
| Current Mai | ling Address: | | | | | |
| 1941 NW 15 | 0 AVE | | | | | |
| PEMBROKE | PINES, FL 33028 US | | | | | |
| | | | | | | |
| FEI Number: 65-0452392 | | | | Certificate of Status Desired: No | | |
| Name and A | Address of Current Regis | stered Agent: | | | | |
| SONNEBORN, | KENT | | | | | |
| 1941 NW 150 A | VE NES, FL 33028 US | | | | | |
| FEIMBRORE FI | NES, FL 33020 03 | | | | | |
| The above name | d entity submits this statement for the | e purpose of changing its regis | tered office or re | gistered agent, or both, in the State o | of Florida. | |
| SIGNATURE | E: KENT SONNEBORN | | | | 04/27/20 | |
| | Electronic Signature of Register | stered Agent | | | Date | |
| Officer/Dire | ctor Detail : | | | | | |
| Title | PRESIDENT | | Title | SECRETARY | | |
| Name | SONNEBORN, KENT | | Name | SONNEBORN, BRAD | | |
| Address | 1941 NW 150 AVE | | Address | 1941 NW 150 AVE | | |
| | | | | | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KENT D SONNEBORN

Electronic Signature of Signing Officer/Director Detail

04/27/2017 Date

FILED Apr 27, 2017 Secretary of State CC2372015996

| SIGNATURE | : KENT SONNEBORN | | | | | | |
|---------------------------|--|-----------------|-------------------------|------|--|--|--|
| | Electronic Signature of Registered Agent | | | Date | | | |
| Officer/Director Detail : | | | | | | | |
| Title | PRESIDENT | Title | SECRETARY | | | | |
| Name | SONNEBORN, KENT | Name | SONNEBORN, BRAD | | | | |
| Address | 1941 NW 150 AVE | Address | 1941 NW 150 AVE | | | | |
| City-State-Zip: | PEMBROKE PINES FL 33028 | City-State-Zip: | PEMBROKE PINES FL 33028 | | | | |
| Title | TREASURER | Title | VICE-PRESIDENT | | | | |
| Name | BODNAR, STEPHEN | Name | SCLAFANI, JOSEPH | | | | |
| Address | 1941 NW 150 AVE | Address | 1941 NW 150 AVE | | | | |
| City-State-Zip: | PEMBROKE PINES FL 33028 | City-State-Zip: | PEMBROKE PINES FL 33028 | | | | |
| | | | | | | | |

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000084201

Entity Name: LANDMARK MANAGEMENT SERVICES INC.

Current Principal Place of Business:

1941 NW 150 AVE