2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 02, 2008 8:00 am Secretary of State **DOCUMENT #L01000007474** 04-02-2008 90151 016 ***138.75 STM & C, L.L.C. Principal Place of Business Mailing Address 1557 WINTERBERRY LANE 1557 WINTERBERRY LANE COUPLY WESTON, FL 33327 WESTON, FL 33327 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 65-1107558 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SARMIENTO, OCTAVIO M Street Address (P.O. Box Number is Not Acceptable) 1688 SW 22ND ST MIAMI, FL 33145 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, a SIGNATURE Sgreture, typed or printed name of registered agent and title if applicable. (NCTE: Registered Agent signature required when reinstating) FILE NOW!! FEE 18 \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Fiorida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE Delete TITLE ☐ Change ■ Addition NAME SARMIENTO, OCTAVIO M NAME STREET ADDRESS 1557 WINTERBERRY LANE STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7P CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITL F Addition NAME NAME STREET ADORESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filting 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 AND TYPED OR PRINTED NAME OF BIGHING MA Daytime Phone

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