## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 28, 2007 8:00 am Secretary of State DOCUMENT # L01000020059 03-28-2007 90187 010 \*\*\*\*50.00 1. Entity Name COMMERCECODE, LLC Principal Place of Business Mailing Address 1401 MANATEE AVENUE WEST, STE. 910 1401 MANATEE AVENUE WEST, STE. 910 **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Carbon Resources of Florida Carbon Resources of Florida 1st MOORE CR2E083 (10/06) 11023 Gatewood Drive, Ste 103 11023 Gatewood Drive, Ste 103 4. FEI Number Applied For 59-3756866 Bradenton, FL 34211 Not Applicable Bradenton, FL.34211 \$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 MURRELL, FREDERICK J Street Address (P.O. Box Number is Not Acceptable) 1401 MANATEE AVENUE WEST, STE, 910 **BRADENTON FL 34205** Gossin -1 11023 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name or registered agic ill and title 4 applicable (NOTE: Registated Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TATLE ☐ Delete TITLE ☐ Change ☐ Addition **MGRM** NAME NAME SANDS, BLU STREET ADDRESS STREET ADDRESS 1401 MANATEE AVENUE WEST, STE. 910 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** Delete ☐ Addition NAME NAME SANDS, WILLIAM H STREET ADDRESS STREET ADDRESS 1401 MANATEE AVE W STE 910 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** TITLE Delete Change Addition NAME NÁIVIE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY ST-7IP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED 9

**FILED**