2008 LIMITED LIABILITY COMPANY

May 01, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #L02000004433** 05-01-2008 90016 005 ***143.75 NORTH AMERICA SERVICE, LLC 60036596 Principal Place of Business Mailing Address 1580 SAWGRASS CORPORATE PKWY., STE. 130 1580 SAWGRASS CORPORATE PKWY., STE. 130 SUNRISE, FL 33323 SUNRISE, FL 33323 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222008 Chg-LLC . CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 03-0398800 Not Applicable Zip Country Zip 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 DADE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY, STE. 103 MIAMI, FL 33145 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. **MGRM** Change ☐ Addition TITLE ☐ Delete TITLE NAME SEIDNER, MARTIN NAME 1580 SAWGRASS CORPORATE PKWY., STE. 130 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP MRS Addition TITLE Delete TITLE ☐ Change SEIDNER, SOBEL K MGRM NAME NAME STREET ADDRESS 1580 SAWGRASS CORPORATE PKWY STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP SUNRISE, FL 33323 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Channe NAME STREET ADDRESS STREET ADORESS 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 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.

FILED

MARTIN SCIONER

SIGNATURE:
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE