2005 LIMITED LIABILITY COMPANY

Jan 24, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000007673** 01-24-2005 90103 035 ****50.00 1. Entity Name THE BRONZE RESTORATION COMPANY, L.L.C. Principal Place of Business Mailing Address 20003466 P.O. BOX 250466 650 WESTWARD CIRCLE HOLLY HILL, FL 32125 US HOLLY HILL, FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152005 Chq-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Country \$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 Name BUSH, RANDY A 650 WESTWARD CIRCLE Street Address (P.O. Box Number is Not Acceptable) HOLLY HILL, FL 32117 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. SIGNATURE Signeture, typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Florida Department of State Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE Change ☐ Addilion ISENHOUR, ELAINE A NAME NAME STREET ADDRESS 650 WESTWARD CIRCLE STREET ADDRESS CITY-ST-7IP HOLLY HILL, FL 32117 CITY-ST-7IP TITLE TITLE Change Detete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete_ TITLE Change _ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Detete TITLE ☐ Change Addition MALIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZOP TITLE ☐ Delete TITLE ☐ Change Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition 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 exemption stated in Section 119.07(3)(i), 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 fimited liability company on the receiver or pustee empowered to execute this report as yequired by Chapter 608, Florida Statutes.

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