JUL-02-2004 10:47 AM LEONARDZIMMERMAN 732

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Jul 19, 2004 8:00 am
Secretary of State
07-06-2004 90155 024 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000031466

1. Entity Name
IT'S SO EASY, L.L.C.

34000006

Principal Place of Business
~~1605 POINSETTA DR., BAY 5~~
DELRAY BEACH, FL 33444

Mailing Address
~~1605 POINSETTA DR., BAY 5~~
DELRAY BEACH, FL 33444

07022004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1055 SW 15 Avenue	1055 SW 15 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach Fl	City & State: Del Ray Beach Fl
Zip: 33444 Country	Zip: 33444 Country

4. FEI Number 20-0501983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ABRASKIN, GLORIA
~~1505 POINSETTA DR., BAY 5~~ 1055 SW 15TH AVE
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent
Name: Gloria Abraskin
Street Address (P.O. Box Number is Not Acceptable): 1055 SW 15 Avenue
City: Delray Beach FL Zip Code: 33444

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] DATE 7/2/04

Filing Fee is $50.00
Due by September 6, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Gloria Abraskin	NAME	
STREET ADDRESS	8278 Azure Coast Blvd	STREET ADDRESS	
CITY-ST-ZIP	Lake Worth Fl 33467	CITY-ST-ZIP	
TITLE	VICE PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AL ABRASKIN	NAME	
STREET ADDRESS	8278 AZURE COAST BLVD	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

AL ABRASKIN, VP 7/2/04 561-279-9922