

DOCUMENT # L03000044977

1. Entity Name

DESOTO SAND AND SHELL, L.L.C.



FILED
May 01, 2006 08:00 AN
Secretary of State

Principal Place of Business

105 SOUTH BREVARD AVE ARCADIA, FL 34266 Mailing Address P.O. BOX 789 ARCADIA, FL 34265



DO NOT WRITE IN THIS SPACE

04242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0588040

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR. 124 NORTH BREVARD AVENUE ARCADIA. FL 34266

DO NOT WRITE IN THIS SPACE

| 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 acc | ept |
|----|--|-----|
| | 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

Filing Fee is \$50.00 Due by May 1, 2006

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TURNER, EUGENE H P.O. BOX 789 ARCADIA, FL 34265 |
| THLE NAME STREET ADDRESS CITY -ST -ZIP | MGR TURNER, EUGENE H JR. P.O. BOX 789 ARCADIA, FL 34265 |
| TITLE NAME STREET AODRESS CITY -ST-ZIP | MGR COLEMAN, GEORGE H 620 EAST PINE STREET ARCADIA, FL 34266 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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11. I hereby certify that the Information supplied with this filling 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.

AS MANAGER

SIGNATURE SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

863-494-4777

Daytime Phone #