2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L03000052645 07-16-2004 90141 031 ****55.00 LARISCY ENTERPRISES L.L.C. Principal Place of Business Mailing Address 1523 SABAL PALM DRIVE 1523 SABAL PALM DRIVE EDGEWATER, FL 32132 EDGEWATER, FL 32132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07142004 CR2E083 (10/03) Applied For City & State City & State 4. FEI Number_ Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARISCY, JEFFREY J Street Address (P.O. Box Number is Not Acceptable) 1523 SABAL PALM DRIVE EDGEWATER, FL 32132 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. J. LARISCY DEFFREY SIGNATURE . (NOTE: Registered Agent signature required when reinstating) or printed name of registered about and title if applicable. Make check payable to Fiffing Fee is \$50.00 Due by September 8, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LARISCY, JEFFREY J NAME 1523 SABAL PALM DRIVE STREET ADDRESS CTREET ADDRESS CITY-ST-ZIP EDGEWATER, FL 32132 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CCTY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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. 3864241866 spreer LARISC SIGNATURE:

PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jul 16, 2004 8:00 am