2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L03000055715 May 03, 2007 08:00 AM Secretary of State DAVID CYRULINSKI, LLC Principal Place of Business Mailing Address 5390 SE 15TH COURT 5390 SE 15TH COURT OCALA FL 34480 OCALA FL 34480 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State Applied For City & State 4. FEI Number 43-2088771 Not Applicable Zip Country Zip 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 CYRULINSKI, DAVID J Street Address (P.O. Box Number is Not Acceptable) 5390 SE 15TH COURT OCALA FL 34480 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE Change Addition MGR ☐ Delete TITLE NAME. CYRULINSKI, DAVID J NAME STRUCT ADDRESS 5390 SE 15TH COURT STREET ADDRESS U00000759695 CITY-ST-ZIP CITY-ST-7IP **OCALA FL 34480** 05/24/07-80053-QQ700 50-QQ0000 Delete THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition DILE HILE ☐ Change ☐ Delete NAMI. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HILE ☐ Delete □ Change ☐ Addition THIS NAM NAME STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1/11/ ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIE 1003 Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY S1-7/P 11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #