2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 22, 2007 8:00 am Secretary of State **DOCUMENT #L04000035339** 1. Entity Name R & C RENTAL, LLC 02-22-2007 90278 008 ****50.00 Principal Place of Business Mailing Address 1251 S. LINCOLN AVENUE P.O. BOX 2681 CLEARWATER, FL 33756 LARGO, FL 33779 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-2384010 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERRY, RICHARD T Street Address (P.O. Box Number is Not Acceptable) 1251 S. LINCOLN AVENUE CLEARWATER, FL 33756 Zip Code City 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, typed or printed name of registered agent and itsis if applicable. (NOTE: Registered Agent signature required when registering) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS Ð. 10. MGRM Change ☐ Addition TITLE □ Delete TITLE PERRY, RICHARD T NAME NAME 1461 S. MICHIGAN AUE STREET ADDRESS 1251 S LINCOLN AVE STREET ADDRESS 33756 CLEARWATER, FL 33756 CITY-ST-7P CITY-ST-7P CLEAR WATER FL. ☐ Delete TITLE ☐ Change TITLE Addition NAME NIEOZWIECKI, COLLEEN M NAME 1461 S. HICHIGAN AVE STREET ADDRESS STREET ADDRESS. 1251 S LINCOLN AVE 33756 CLEARWATER, FL CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Change TITLE ☐ Delete DTLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 11. I hereby certify that the information supplied with this filling does not equalify 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 true see empowered to execute this report as required by Chapter 608, Florida Statutes. ck terry Jan. 29, 2007

FILED