2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 01, 2008 8:00 am Secretary of State **DOCUMENT # L04000040872** 04-01-2008 90063 030 ***138.75 STURGEON BUILDERS, LLC Principal Place of Business Mailing Address 600/87-15 4661 S.W. 7TH_AVE. RD. 4661 S.W. 7TH AVE. RD. OCALA, FL (34474) OCALA, FL (34474) 34471 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-1235613 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STURGEON, DANA Street Address (P.O. Box Number is Not Acceptable) 4661 S.W. 7TH_AVE. RD. OCALA, FL 24474 34471 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 9. MGRM **X** Change ☐ Addition TITLE ☐ Delete TITLE STURGEON, DANA NAME NAME 4661 S.W. 7TH AVE. RD. STREET ADDRESS STREET ADDRESS OCALA, FL (34474 CITY-ST-ZIP CITY-ST-ZIP MGRM ■ Addition TITLE ☐ Delete TITLE STURGEON, KAREN NAME NAME 4661 S.W. 7TH AVE. RD. STREET ADDRESS STREET ADDRESS OCALA, FL 34474 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME 60 ·, ·: 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 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.

NATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGINE MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED