2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AFF)

Secretary of State DÖCUMENT # L04000058410 03-10-2005 90040 002 ****50.00 1. Entity Name NDM BROTHERS, LLC Principal Place of Business Mailing Address 1955 S.E. BRISBANE STREET 1955 S.E. BRISBANE STREET 30003787-PORT ST. LUCIE FL 34984-4479 PORT ST. LUCIE FL 34984-4479 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apr. #. etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number - · · · Applied For 20-1475483 Not Applicable Country \$5.00 Additional Country Zip 6. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANGAROLA, CRAIG V Street Address (P.O. Box Number is Not Acceptable) 1955 S.E. BRISBANE STREET PORT ST. LUCIE FL 34984-4479 City 9. 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 2 MAZ 05 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 10. MGRM THLE TITLE Addition CRAIG V. ANGOICOIC. 1955 SW. BRISBONE ST NAME NAME STREET ADDRESS STREET ADDRESS 34984 PORT SAINT LUCIE, FL. CITY-ST-ZIP CITY-ST-7P DILE Deleta TITLE MGE Change Addition NAME LOKI ANGAROK NAME 1955 SW. BRISBANC ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT SAINT LUCIE, FL. 34984 Addition TITLE ☐ Deteta TITLE MGZ Change ROLPH ANGOROLO NAME NAME 1955 SW BRIS BONE ST. STREET ADDRESS STREET ADDRESS PORT ST. LUCIE, FL 34984 CITY ST. 7IP C11Y-ST-ZIP THE Addition Delete TITLE MGR ☐ Change CHUS SEREA 1955 SW BRISBONE ST NAME NAME STREET ADORESS STREET ADDRESS PORT ST. LUCIE, FL. 34984 CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-2P CITY-SI-7P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C117-51-7/P 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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. Z MAR 05 MERM 772 528 8104 SIGNATURE:

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

FILED

Apr 19, 2005 8:00 am

Daytime Phone #