2006 LIMITED LIABILITY COMPANY

FILED Apr 27, 2006 8:00 am Secretary of State

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DOCUMENT # L04000073591 1. Entity Name P.B.B. OF THE TREASURE COAST, LLC Principal Place of Business Mailing Address **1824 SPRINGFIELD COURT 1824 SPRINGFIELD COURT** PALM CITY, FL 34990 PALM CITY, FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-1761701 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERTHIAUMÉ, ROBERT JR. Street Address (P.O. Box Number is Not Acceptable) 1824 SPRINGFIELD COURT PALM CITY, FL 34990 City Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition BERTHIAUME, ROBERT JR. NAME NAME STREET ADDRESS 1824 SPRINGFIELD COURT STREET ADDRESS CITY+ST-7IP PALM CITY, FL 34990 CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 4.25.06 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #