2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 05, 2007 8:00 am **DOCUMENT #L05000000582** Secretary of State SILLÓH RETAIL, LLC 02-05-2007 90203 047 ****50.00 Principal Place of Business Mailing Address **500 SOUTH FLORIDA AVENUE 500 SOUTH FLORIDA AVENUE** SUITE 400 SUITE 400 LAKELAND, FL 33801 LAKELAND, FL 33801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 757 3rd S 757 3rd St. Suite, Apt. #, etc. Suite, Apt. #, etc. 01292007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 20-2094993 winte, Not Applicable \$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 Hollis HOLLIS, JACK M Street Address (P.O. Box Number is Not Acceptable) 500 SOUTH FLORIDA AVENUE SUITE 400 LAKELAND, FL 33801 350 33880 33880 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR P Change TITLE Delete TITLE ☐ Addition HOLLIS, JACK M NAME NAME 757 3rd St. SW 500 SOUTH FLORIDA AVENUE, SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP Winter Haven FL 33850 MGR Change ☐ Detete TTRE ☐ Addition TITLE HOLLIS, JUSTIN M PRES NAME NAME 141 Fairchild St STREET ADDRESS 310 EUNICE RD STREET ADDRESS LAKELAND, FL 33803 CITY-ST-7IP CITY-ST-7IP ППЕ ☐ Detete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete пле Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 11. I hereby certify that the information supplied with this tiling 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.

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