2008 LIMITED LIABILITY COMPANY

FILED Mar 13, 2008 08:00 AN Secretary of State

DOCUMENT # L05000017712 1. Entity Name FRANK WILLIAM DE JOSE L.L.C.				Secretary or Sta		
Principal Place 4146 YSIDRO ROCKLEDGE,	WAY	Mailing Address 4146 YSIDRO WAY ROCKLEDGE, FL 32955				
			<u>-</u>			
DO NOT WRITE IN THIS SPACE			0 E	01212008No Chg-LLC	CR2E083 (12/07)	
			CE	4. FEI Number 25-1909065	Applied For Not Applicable	
				5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		<u> </u>		
WILLIAM DE JOSE, FRANK 4146 YSIDRO WAY ROCKLEDGE, FL 32955				DO NOT WE		
		,		IN THIS SPA	ACE	
	named entity submits this statement folions of registered agent.	r the purpose of changing its registe	red office or registe	red agent, or both, in the State of Flore	da I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and title it applicable (NOTE Register	red Agent signature requirer	d when reinstating)	DATE	
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75	5	-	U000008 03/28/08-8	956663 00021-022 138.75	
9.	MANAGING MEMBE	RS/MANAGERS	1	<u></u>	·	
TITLE	MGR WILLIAM DE JOSE, FRANK					
STREET ADDRESS	4146 YSIDRO WAY		1			
CITY - ST - ZIP	ROCKLEDGE, FL 32955		4			
TITLE NAME						
STREET ADDRESS						
CITY-ST-ZIP						
NAME						
STREET ADDRESS				DO NOT WRITE		
CITY-ST-ZIP		- 1100 PARTS				
NAME				IN THIS SP	AUE	

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 trule 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.

URE: VOUL WILLOW SELECTION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE