2008 LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE ANNUAL REPORT DIVISION OF CORPORATIONS **DOCUMENT # L05000025729** 1. Entity Name 08 HAY -9 AH 9: 50 CAUDILL INVESTMENTS, LLC Principal Place of Business Mailing Address **7608 CYPRESS KNEE DRIVE** 7608 CYPRESS KNEE DRIVE 4TH FLOOR 4TH FLOOR HUDSON, FL 34667 HUDSON, FL 34667 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04302008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 20-2493906 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAUDILL, PAMELA Street Address (P.O. Box Number is Not Acceptable) 7608 CYPRESS KNEE DRIVE 4TH FLOOR HUDSON, FL 34667 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 9. 10. MGR TITLE ☐ Change ■ Addition □ Delete TITLE CAUDILL, PAMELA NAME NAME STREET ADDRESS 7608 CYPRESS KNEE DRIVE 4TH FLOOR STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34667 CITY-ST-ZIP ☐ Change MGR □ Delete ■ Addition 700129446857 05/14/08--01015--020 **727.50 CAUDILL, VICTOR NAME NAME STREET ADDRESS 7608 CYPRESS KNEE DRIVE 4TH FLOOR STREET ADDRESS HUDSON, FL 34667 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance ☐ Addition CAUDILL, VICTOR 7608 CYPRESS KNEE DRIVE 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34667 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CAUDILL, PAMELA NAME NAME STREET ADDRESS 7608 CYPRESS KNEE DRIVE 4TH FLOOR STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34667 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME

11. I hereby certify that the information supplied with this fiting 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.

STREET ADDRESS

CITY-ST-ZIP

Cauellle un 844-3553 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP