## 2006 LIMITED LIABILITY COMPANY

## Apr 24, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L05000027290 1. Entity Name TORR GROUP, LLC 04-24-2006 90040 007 \*\*\*\*50.00 Principal Place of Business Mailing Address 1221 NORTH "O" STREET 1221 NORTH "O" STREET LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 3. Mailing Address 2. Principal Place of Business 2101 Fawn Meadow Circle Suite, Apt. #, etc Suite, Apt. #, etc. 04102006 Chg-LLC CR2E083 (11/05) 4. FEI Number City & State City & State Applied For St. Cloud, FL 74-3142002 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 34772 454 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUZMAN, GERSON Street Address (P.O. Box Number is Not Acceptable) 2101 FAWN MEADOW CIRCLE ST. CLOUD, FL 34772 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered after and title 4 applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGRM" Elisabeth Ravelo TITLE ☐ Defete ☐ Addition TITLE Change NAME NAME 10915 SW 48 St. STREET ADDRESS STREET ADDRESS Miumi, FL 33165 CHY-ST-7IP CHY-ST-ZIP "MGRM" ☐ Change TITLE ☐ Delete fitt 6 ☐ Addition Debra Torres 2101 Fawn Medow Circle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-SI-ZP St-Cloud, FL 34772 "MGRM" TITLE Delete IIRE ☐ Change Addition NAME NAME Francisco Lozada 15515 NW 12th Ct. Pembroke PiAB, FL 33028 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP "MGRM" ☐ Delete TITLE 11111 6 ☐ Change Addition Edgar Garcia 7421 NE 8Ave NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7P MI 4MI, FL 33138 ☐ Detete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME NAME

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 or the received or trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

Debra Torres

STREET ADDRESS

CHY-ST-ZIP