2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 30, 2007 08:00 All Secretary of State DOCUMENT # L05000028919 1. Entity Name JOHNNY DRYMON GENERAL REPAIRS LLC Principal Place of Business Mailing Address 13025 M & J RD 13025 M & J RD MYAKKA CITY FL 34251 MYAKKA CITY FL 34251, ... 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-2519318 Not Applicable Zip Country Country \$5.00 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRYMON, JOHNNY M -Street Address (P.O. Box Number is Not Acceptable) 3725 NOGALES DRIVE SARASOTA FL 34235 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. ☐ Change ☐ Addition MILE ☐ Delete TITLE MGR DRYMON, JOHNNY STREET ADDRESS STREET ADDRESS U000000744296 13025 M & J RD 05/15/07-80142-023 CITY-SI-ZIP CITY-ST-ZIP MYAKKA CITY FL 34251 TITLE ☐ Detete Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP TITLE Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TILLE Delete ☐ Change THEF ☐ Add₁tion NAME NAME SIRLET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIIII Delete □ Change THE Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

CITY-ST-ZIP

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

4-25-0/ Date D

Daytime Phone #

FILED