2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

7/14/2006-90092-008-\$50.00-\$50.00 SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L05000029955 1. Entity Name PEGGY BUNN, LLC 06 SEP 14 AM 10: 01 Mailing Address Principal Place of Business 8406 WETHERFIELD RUN 8406 WETHERFIELD RUN 201 201 BRADENTON, FL 34202 US BRADENTON, FL 34202 US 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Scale Apt # elc 07062006 CR2E083 (11/05) 4. FEI Number 20-504398 Applied For City & State City & State Not Applicable Zip Country Ziρ 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 Name GAY, JIM Street Address (P.O. Box Number is Not Acceptable) 3984 SR 64 EAST BRADENTON, FL 34208 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 bite if applicable. (NOTE: Registered Agent signature required when reinstaling) Filing Fee is \$50.00 Due by Septembor 6, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Change Addition ☐ Delete TITLE NAME BUNN, PEGGY A NAME 8406 WETHERFIELD RUN #206 STREET ADDRESS STREET ADDRESS CITY ST. 21P BRADENTON, FL 34202 CUTY - ST- 71F TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY - ST- ZIP ☐ Addition TITLE Delete TITLE [] Change NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-71P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITEF Delete THILE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST. 7P 11. 1 hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. PRINTED NAME OF BIGHING MANAGING MEMORY <u>2016 ail 1</u> 907-966

MANAGER OR AUTHORIZED REPRESENTATIVE