2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 20, 2007 08:00 A Secretary of State DOCUMENT # L05000031004 SIXTY ONE HOLDINGS, LLC Principal Place of Business Mailing Address **401 COMMERCIAL COURT** 401 COMMERCIAL COURT SUITE A SUITE A VENICE, FL 34292 VENICE, FL 34292 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-2618896 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, THOMAS H JR Street Address (P.O. Box Number is Not Acceptable) 401 COMMERCIAL COURT SUITE A VENICE, FL 34292 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Change ■ Addition TITLE ☐ Defete NAME TAYLOR, THOMAS H JR NAME 000000720413 STREET ADDRESS 401 COMMERCIAL COURT, SUITE A STREET ADDRESS 05/01/07-80104-015 55.00 VENICE, FL 34292 CITY-ST ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

THOMAS H. TAYLOR JR.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition