2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L05000032586 03-20-2008 90182 003 ***138.75 **ACCÚTRUE ENTERPRISES LLC** Principal Place of Business Mailiog Address 2152 FOXWOOD DRIVE 3293 HIGHWAY 17 ORANGE PARK, FL 32073 (MG M 9 C GREEN COVE SPRINGS, FL 32043 2. Principal Place of Business - No P.O. Box # Mailing Address 990 Leno Suite, Apt. #, etc. Suite, Apt. #, etc. 01062008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Cove Spas. FL reen 52-2456117 Not Applicable Country Zip ™3043 Country \$5.00 Additional 5. Certificate of Status Desired lay 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSENBARKER, MICHAEL K Street Address (P.O. Box Number is Not Acceptable) 3293 US HWY 17 GREEN COVE SPRINGS, FL. 32043 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 9. ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE ☐ Change ROSENBARKER, MICHAEL K NAME NAME STREET ADDRESS 3293 US HWY 17 STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROSENBARKER, KIMBERLY A NAME 3293 US HWY 17 STREET ADDRESS STREET ADDRESS GREEN COVE SPRINGS, FL 32043 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ 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-ZIP TOLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 Offapter 608, Florida Statutes.

FILED Mar 20, 2008 8:00 am