2006 LIMITED LIABILITY COMPANY

SIGNATURE:

Apr 14, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000036015** 04-14-2006 90034 010 ****50.00 1. Entity Name PERFORMACE CURBING, LLC Principal Place of Business Mailing Address 5205 N FRONTAGE RD 5205 N FRONTAGE RD LAKELAND, FL 33810 LAKELAND, FL 33810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 Chg-LLC CR2E083 (11/05) 4. FEI Number City & State City & State Applied For 20-2750975 Not Applicable 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 CLayton J. Beach, Jr. RENNER, BRIAN E Street Address (P.O. Box Number is Not Acceptable) 2904 E KNIGHTS GRIFFIN RD PLANT CITY, FL 33565 1107 Axlewood Circle City Brandon 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. 4-12-06 SIGNATURE (NOTE: Registered Agent signature required when renstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MCR MGR TITLE 🔁 Delete TITLE ☐ Change Addition Clayton J. Brach Jr. 1107 Axlewood Circle Brandon, FL. 335/1 RENNER, BRIAN E NAME NAME STREET ADDRESS 2904 E KNIGHTS GRIFFIN RD STREET ADDRESS CITY-ST-ZP PLANT CITY, FL 33565 CITY-ST-ZIP Antonia Beach mo-RM Change TITLE Delete TITLE Addition RENNER, STEPHEN E NAME NAME STREET ADDRESS 2904 E KNIGHTS GRIFFIN RD STREET ADDRESS Brandon, FL. 33511 CITY-ST-ZIP PLANT CITY, FL 33565 CITY-ST-ZIP MCRM TITLE Delete TITLE Change Addition RENNER, KATHY D NAME NAME STREET ADDRESS 2904 E KNIGHTS GRIFFIN RD STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33565 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS 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.

FILED

- 20030227 + LUSOCODO36015

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Performance Curbing LLC (Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Brian Renner (Name of Person) (urbins, LLC				
le ctormance				
Performance (Firm/Company)				
5205 n. Frontage Road				
(Address)				
Lakeland, FlA. 33510 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Brian Renner at (803) 802-0032 (Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee \$\text{CR2E079 (8/05)}\$ \$55 Filing Fee & Certified Copy				

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TRANSMITTAL LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: Performance Curbing, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: 10500036015
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brian Renner
(Name of Person)
Performance Curbing LLC (Name of Firm/Company)
5205 n. Frontage Road (Address)
Lakeland, ELA. 33810 (City/State and Zip Code)
For further information concerning this matter, please call:
Brian Renner at (863) 802-0032 (Name of Person) (Area Code & Daytime Telephone Number)
(Alea Code & Daymile Telephone Number)

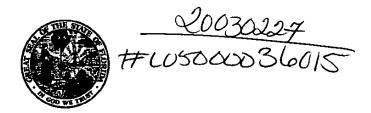
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

INHS17(11/02)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

. Steve Renner, hereby resign as Makin				
(Title)				
of Performance Curbing, LLC				
(Limited Liability Company)				
a limited liability company organized under the laws of the State of \[\frac{1011 d a}{}				
and affirm that the limited liability company has been notified in writing of the resignation.				
San Smar				
(Signature of resigning manager, managing member or member)				

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,				
Brian Renner, hereby resigns as				
(Name of Registered Agent)				
Registered Agent for Performance Curbing, LLC				
(Name of Limited Liability Company)				
(Document Number, if known)				
A copy of this resignation was mailed to the above listed limited liability company at its last known address.				
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent)				
If signing on behalf of an entity:				
Brian Renner (Typed or Printed Name) Manager				
(Сарыну)				

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314



#U500036015

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

[,	Kathy Renner hereby resign as	MARM		
		(Tiue)		
of	Performance (urbing LLC (Limited Liability Company)			
a limi	ted liability company organized under the laws of the State of	Florida		
and affirm that the limited liability company has been notified in writing of the resignation.				
	Kath Renner			
•	(Signature of resigning manager, managing member	or member)		

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

ATTACAMENT

20030227

LOS OBOUS 6015 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR **BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:	br Formance Curbing, LLC
2. The mailing address of the limited liability comp. Brandon, FL. 335//	any is: 1107 Axlewood Circle
A Pril 11, 2005 3. Date of filing/registration in Florida	L05000036015 4. Document number
5. The name of the registered agent and the registere Florida Department of State: Brian E Na Na State State Na State State	ed office address as shown on the records of the Renner me contage Road tress
Lake I an A City, Sta 6. The name and address of the new registered agent	te and Zip
Clayton J. Nan 1107 Axlew Florida street address (P. Brandon F City, State	Beach Jr ne o od Circle O. Box NOT acceptable) L 3351/ e and Zip
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the chaof the members of the limited liability company or a or the operating agreement of the limited liability co	the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Antonia Beach (Signature of a member or authorized representative of a member) Antonia Beach (Printed or typed name of signee)	
	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I to merely reflect a change in the registered office ompany has been notified in writing of this change.
/ ' /	Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)