# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

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**FILED**
**Apr 03, 2006 8:00 am**
**Secretary of State**
03-17-2006 90030 011 ****55.00

DOCUMENT # L05000063397

1. Entity Name

324 HARDIN AVENUE, LLC

30003940

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9408 POST RD | 9403 POST RD |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ODESSA, FLORIDA | City & State: ODESSA, FLORIDA |
| Zip: 33556 Country: USA | Zip: 33556 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4301714 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

City: MIAMI FL Zip Code: 33145

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00.
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM - JOHN C LANGMAACK<br>9408 POST RD<br>ODESSA FLORIDA 33556 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM - GWENDOLYN D LANGMAACK<br>9408 POST RD<br>ODESSA FLORIDA 33556 |
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____ 3/13/06 8137868814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #