2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

08 SEP 17 AM M: 34 DOCUMENT #L05000066757 TOMÁL, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 121 PALMETTO ROAD 121 PALMETTO ROAD WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 450 SEVENTH AVENUE 2. Principal Place of Business - No P.O. Box # NEW YORK, NY 10123 Suite, Apt. #, etc. Suite, Apt. #, etc. 09092008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4 FEI Number 35-2280906 Not Applicable Zip Country Zip 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 EVANS, LESLIE R ESQ. Street Address (P.O. Box Number is Not Acceptable) LESLIE ROBERT EVANS & ASSOCIATES, P.A. 214 BRAZILIAN AVENUE, SUITE 200 PALM BEACH, FL 33480 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to Due by September 12, 2008 liability company did not receive the prior notice. Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE TITLE Delete Channe ☐ Addition NAME THOMAS, GEOFFREY NAME 121 PALMETTO LANE STREET ADDRESS STREET ADDRESS 300136160543 CITY-ST-ZIP WEST PALM BEACH, FL 33405 CITY-ST-ZIP 09/19/08--01048--002 **138.75 ☐ Change MEMB Delete TITLE ☐ Addition TITLE STAMATAKIS, ALEX NAME NAME STREET ADDRESS 3562 EUREKA COAST WAY STREET ADDRESS CITY-\$T-ZIP LAS VEGAS, NV 89141 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST- ZIP ☐ 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 rue 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 embowered to execute this report as required by Chapter 608, Florida Statutes. 9/10/18 54 386

MINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED