2006 LIMITED LIABILITY COMPANY

Apr 27, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L05000069162 04-27-2006 90024 046 ****50.00 1. Entity Name HERB & SHARI ENTERPRISES II, LLC Principal Place of Business Mailing Address 6536 CENTRAL AVENUE 6536 CENTRAL AVENUE ST PETERSBURG, FL 33707-1330 ST PETERSBURG, FL 33707-1330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282006 Chq-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For <u> 20-3868388</u> Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREEN, HERBERT 🗽 🔆 Street Address (P.O. Box Number is Not Acceptable) 6536 CENTRAL AVENUE ST PETERSBURG, FL 33707-1330 City Zip Coae FL 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: typed or printád name of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) 1. 1/9 Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR ☐ Delete ☐ Change TITL F ☐ Addition TITLE GREEN, HERBERT NAME NAME STREET ADDRESS 6536 CENTRAL AVENUE STREET ADDRESS ST PETERSBURG, FL 337071330 CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Channe ☐ Addition TITLE TITLE 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-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. I nereby 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED

Davime Phone 6

☐ Change

☐ Addition