2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 11, 2008 8:00 am
Secretary of State
05-13-2008 90066 018 ****50.00
06-11-2008 90057 008 ****88.75

1st MOORE CR2E083 (10/07)

DOCUMENT # L05000073935

1. Entity Name
DONALD STROHEKER, LLC

Principal Place of Business	Mailing Address
1035 W HWY 90 HOLT FL 32564 US	1035 W HWY 90 HOLT FL 32564 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5407 Poplarhead Church Rd	5407 Poplar head Church Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holt FL	City & State: Holt FL
Zip: 32564 Country: US	Zip: 32564 Country: US

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STROHEKER, DONALD 1035 W HWY 90 HOLT FL 32564	Name: Stroheker, Donald Street Address (P.O. Box Number is Not Acceptable): 5407 Poplarhead Church Rd City: Holt FL Zip Code: 32564

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] DATE: 2-22-08

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
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STROHEKER, DONALD 1035 W HWY 90 HOLT FL 32564 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stroheker Donald 5407 Poplarhead Church Rd Holt FL 32564 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: [signature] 2-22-08 (850)305-7156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #