2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000074608

1. Entity Name

DII DD

May 30, 2006 8:00 am Secretary of State
05-30-2006 90184 004 ****50.00
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ODOR BUSTERS, LLC Principal Place of Business Mailing Address 1101 BRICKELL AVENUE, SUITE 1001 S 1101 BRICKELL AVENUE, SUITE 1001 S MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05242006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20.3223954 Not Applicable Zip Country 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 TORRES, JAIME L ESQ. Street Address (P.O. Box Number is Not Acceptable) JAIME L. TORRES AND ASSOCIATES P.A. 1101 BRICKELL AVENUE, SUITE 1001 S MIAMI, FL 33131 / 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 え猿 Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change Addition HERMIDA, HUMBERTO NAME NAME STREET ADDRESS 1101 BRICKELL AVENUE, SUITE 1001 S STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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 emphasized to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE