2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 01, 2008 8:00 am Secretary of State **DOCUMENT # L05000077954** 05-01-2008 90019 028 ***138 75 AARÓN BRYANT ENTERPRISES LLC Mailing Address Principal Place of Business 60000. .. 5317 FRUITVILLE RD. 5317 FRUITVILLE RD. **UNIT 128 UNIT 128** SARASOTA, FL 34232 HS SARASOTA, FL 34232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272008 Chg-LLC CR2E083 (12/06) Applied For 4. FEI Number City & State City & State 20-3272775 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 **BRYANT, GEORGE A** Street Address (P.O. Box Number is Not Acceptable) 3505 HACIENDA ST. SARASOTA, FL 34232 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. Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGBM **MGRM** TITLE Change ☐ Addition Delete Bryant, George A. NAME BRYANT, GEORGE A NAME 3505 HACIENDA ST. STREET ADDRESS STREET ADDRESS SARASOTA, FL 34232 CITY-ST-ZIP CITY-ST-ZIP Sarasota, FL 34240 TITLE Change ☐ Addition TITLE · Delete Bryant, Madeline E. BRYANT, MADELINE E NAME NAME STREET ADDRESS STREET ADDRESS 3505 HACIENDA ST. Sarasota, FL 34240 CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

GCOrge A. Bryant4-29-08 94/302-0273
RI AUTHORIZED REPRESENTATIVE Date Destino Phone #