2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L05000081870 Jan 25, 2007 08:00 AM 1. Entity Namo **Secretary of State** SKINDRED SOUL LLC Mailing Address Principal Place of Business 509 SOUTH CHICKASAW TRAIL #349 ORLANDO FL 32825-7852 509 SOUTH CHICKASAW TRAIL #349 ORLANDO FL 32825-7852 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number 20-3697853 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo WESSON, PAUL J Stroot Address (P.O. Box Number is Not Acceptable) 10113 MARGUEX DRIVE ORLANDO FL 32825 Zio Code City 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 little if applicable (NOTE: Red stored Agon) signature required when teinstation DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9, Change Addition ☐ Defete 3113 F BILL MGRM MARA U00000603449 NAME WESSON, GLORIA C STREET ADDRESS STREET ADDRESS 10113 MARGUEX DRIVE 01/29/07-80013-025 50.00 OHY ST ZIP CITY ST ZIP ORLANDO FL 32825 Change Addition ☐ Delete 1888 HHE MAM NAME WESSON, PAUL J STREET ADDRESS SIBLE ADDRESS 10113 MARGUEX DRIVE CHY-ST-ZIE CHY ST ZE ORLANDO FL 32825 Change Addition ☐ Delete HILL HILL NAMI MAM SERVETTADDRESS SIRELL ADDRESS SITY SE-ZIP Clif SE 48 Addition ☐ Defete HH ☐ Change mu NAME NAMI SHIFT ADDRESS SIRLE LADORESS CITY SI 7P CITY ST ZIP ☐ Addition Change ШЦ Delete 11111 NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY ST ZIP Change Addition Addition ☐ Delete IIII EIEE NAME NAME SHREELADDRESS STREET ADDRESS CITY ST-ZIP CBY SI-789 11. I heroby 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE