2006 LIMITED LIABILITY COMPANY

Feb 21, 2006 8:00 am 1. ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # L05000083854 01-26-2006 90070 031 ****50.00 1. Entity Name SYSBRO LLC Principal Place of Business Mailing Address PO BOX 233 DESTIN FL 32540 PO BOX 233 DESTIN FL 32540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State Applied For City & State Not Applicable 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 WILDER, JIM Street Address (P.O. Box Number is Not Acceptable) 102 OAKHILL AVE FT WALTON BEACH FL 32547 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE ☐ Delete TITLE ☐ Change Addition MGRM NAME AMMONS, HAROLD DAME STREET ADDRESS STREET ADDRESS PO BOX 233 CITY-ST-ZP CITY-ST-7IP DESTIN FL 32540 Detete TITLE Change ☐ Addition TITLE MGRM NAME BETHEA, IRIS NAME STREET ADDRESS STREET ADDRESS PO BOX 233 CITY-ST-ZIP CITY-ST-77P DESTIN FL 32540 TITLE ☐ Delete TITLE Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-71P CITY-ST-ZIP Detete ☐ Change Addition TITLE

FILED

11. Linereby 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 firmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

C/TY-ST-7/P

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

HAROLD AND IRIS LLC PO BOX 233 DESTIN, FL 32540

Subject: SYSBRO LLC

Reference Number:

L05000083854

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION