2006 LIMITED LIABILITY COMPANY

CHY-ST-7P

SIGNATURE:

Apr 21, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L05000095223 04-21-2006 90018 026 ****50.00 WSSA FLORIDA, LLC Principal Place of Business Mailing Address 20034075 P.O. BOX 3597 140 E. 2ND STREET FLINT, Mt 48502 FLINT, MI 48502 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 CR2E083 (11/05) Chg-LLC City & State Applied For City & State 4. FEI Number 76 -0801535 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SABTY, JOHN E Street Address (P.O. Box Number is Not Acceptable) 5757 COLLINS AVENUE, UNIT 803 MIAMI BEACH, FL 33141 City Zio 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Addition TITLE ☐ Delete TITLE MGRM ☐ Change JOHN SABTY 5757 COLLENS AVE, WET 803 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAME BEACH FL 33141 TITLE Delete TITLE ☐ Change **Addition** MGRM NAME NAME TROY FARAH STREET ADDRESS 140 E SECOND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLENT MI 4502 TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change .Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP tm £ ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

SABT

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

239-1551

Daytime Phone #