2007 LIMITED LIABILITY COMPANY

Feb 19, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L05000103224 02-19-2007 90193 016 ****50.00 SOUTHERN COMFORT SERVICES, LLC Principal Place of Business Mailing Address DOCTION 12815 EMERALD COAST PKWY 12815 EMERALD COAST PKWY **SUITE 124** SUITE 124 MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3723957 Not Applicable Zip Zin .: Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Cannon Georg DAWN E. LARSH, P.A. Street Address (P.O. Box Number is Not 128 | 5 Em-Craco 11714 EMERALD COAST PKWY SUITE 5 MIRAMAR BEACH, FL 32550 Phiramar Beach ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this Lam familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRANNON, GEORGE T JR. NAME NAME STREET ADDRESS STREET ADORESS 12815 EMERALD COAST PKWY, SUITE 124 CITY-ST-ZIP MIRAMAR BEACH, FL 32550 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 trianing signature statil have the same legal effect as if made under oath; that I am a managing member or manager of the fimited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEDBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #