

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-13-2007 90038 047 ****55.00

| | | | |
|--|--|---|--|
| DOCUMENT # L05000106215 1. Entity Name SINKHOLE SOLUTIONS, LLC | | | |
| Principal Place of Business 15902 WILLOWDALE RD TAMPA, FL 33625 | | Mailing Address 22602 MAGNOLIA TRACE BLVD LUTZ, FL 33549 | |
| 2. Principal Place of Business - No P.O. Box 6722 Twelve Oaks Blvd | | 3. Mailing Address PO Box 280031 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Tampa, FL | | City & State Tampa FL | |
| Zip 33634 | | Zip 33682 | |
| Country US | | Country | |
| 4. FEI Number | | 03292007 Chg-LLC CR2E083 (12/06) | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SILVER, JESSICA 15902 WILLOWDALE RD TAMPA, FL 33625 | | 7. Name and Address of New Registered Agent Name Silver, Jessica Street Address (P.O. Box Number is Not Acceptable) 6722 Twelve Oaks Blvd City Tampa FL Zip Code 33634 | |
| 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 DATE _____ <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SILVER, JESSICA 15902 WILLOWDALE RD TAMPA, FL 33625 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Silver, Jessica <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. | | | |
| SIGNATURE: | | Date 4-11-07 Daytime Phone # 813-319-5492 | |

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