2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPED OR SEENTED IN

Apr 07, 2008 8:00 am Secretary of State **DOCUMENT # L05000113957** 1. Entity Name 04-07-2008 90223 047 ***143.75 MARIO'S BODY SHOP L.L.C. Principal Place of Business Mailing Address 4334 W. WATERS AVE. 13244 PINE LAKE DR. **DUULUU** TAMPA, FL 33614 RIVERVIEW, FL 33569 04012008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 86-1152606 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLANDON, MARIO_ DO NOT WRITE 13244 PINE LAKE DR. RIVERVIEW, FL 33569 IN THIS SPACE 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 FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGR TITLE BLANDON, MARIO NAME STREET ADDRESS 13244 PINE LAKE DR. CITY-ST-ZIP RIVERVIEW, FL 33569 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-7IP 11. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Rorida 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: 4

ING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED