2007 LIMITED LIABILITY COMPANY

Jul 05, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L05000116488** 07-05-2007 90154 021 ****50.00 SECKMAN FIRE SPRINKLERS, LLC Principal Place of Business Mailing Address 401---2142 AIRPORT ROAD 2142 AIRPORT ROAD PLANT CITY, FL 33563 PLANT CITY, FL 33563 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3895410 Not Applicable Country Zip Country Zio \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent NORMAN. CHRISTOPHER H Street Address (P.O. Box Number is Not Acceptable) 315 S. HYDE PARK AVENUE **TAMPA, FL 33606** City Zip Code FL 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 II applicable. DATE (NOTE: Registered Agent signature required when reinstalling) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. PRESIDENT OWNER THOMAS H. SECKMAN PRESIDENT Addition tm€ MIE ☐ Detete NAME NAME 11614 MONETTE Rd. STREET ADDRESS STREET ADDRESS RIVERVIEW, FI 33569 CITY-ST-ZIP CITY-57-70 VICE PRESIDENT SHAN L. SMITH 38802 CENTENNIAL Rd TILE ☐ Change No. Addition ☐ Deteta TITLE NAME NAME STREET ADDRESS STREET ADDRESS DAde City, F1 33525 ÇITY-ST-ZIP CITY-ST-78 SEC. TRES. DWNER MARTHA J. SECKMAN 11614 MONETTE RA RIVERVIEW FI 33569 Z Addition ☐ Change ☐ Detete IIILE TITLE HAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TENE TITLE MAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Detete NAME MALEF STREET ADDRESS STREET ADDRESS CITY-ST-79P CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME

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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.

STREET ADDRESS

CITY-ST-ZIP

MARTHA J. SECKMAN 1-3-07 813-752-2266

STREET ADDRESS CITY-ST-ZIP