2007 LIMITED LIABILITY COMPANY

Apr 12, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000005962 04-12-2007 90184 049 ****50.00 FUSSELL SPREADER SERVICE, L.L.C. Principal Place of Business Mailing Address 2538 N.E. ROAN STREET 2538 N.E. ROAN STREET ARCADIA, FL 34266 ARCADIA, FL 34266 2. Principal Place of Business - No P.O. Box # 6340 NW FUSSEII Rd 3. Mailing Address P.O. BOX 1772 Suite, Apt. #, etc. Suite, Apt. #, etc. 01202007 Chg-LLC CR2E083 (12/06) City & State Giy & State Hr Cadia 4. FEI Number Applied For Arcadia FL 20-4158644 Not Applicable Country De Soto \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALDRON, EUGENE E JR. Street Address (P.O. Box Number is Not Acceptable) 124 NORTH BREVARD AVE. ARCADIA, FL 34266 Zip 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, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. **MGRM** ☐ Delete ☐ Change ■ Addition TITLE TITL F FUSSELL, ROBERT L NAME NAME 2538 N.E. ROAN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCADIA, FL 34266 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP

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Change

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

863-990-2117 NAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

TITLE

STREET ADDRESS

CITY-ST-ZIP