2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90124 007 ***138.75

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02042008 Chg-LLC CR2E093 (12/06)

DOCUMENT # L06000006038

1. Entity Name
TREE DISTRIBUTORS, LLC

Principal Place of Business	Mailing Address
100 NE 15TH ST. SUITE 204 HOMESTEAD, FL 33030	100 NE 15TH ST. SUITE 204 HOMESTEAD, FL 33030

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4164373 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STUHR, KENNETH 100 NE 15TH STREET, #204 HOMESTEAD, FL 33030	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — 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] 02/04/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete STUHR, KENNETH ~~1117 CLARE AVE~~ Change Address ~~WEST PALM BEACH, FL 33401~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100 NE 15th St., Suite #204 Homestead, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGR~~ ~~☒ Delete~~ ~~WINKLER, DIRK~~ ~~100 N.E. 15TH STREET #204~~ ~~HOMESTEAD, FL 33030~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

SIGNATURE: [signature] 02/04/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #