2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # L06000037675 04-17-2007 90255 014 ****50.00 RECONDITIONING PLUS, LLC Principal Place of Business Mailing Address P.O. BOX 420935 1702 RIVEREDGE RD OVIEDO FL 32766 KISSIMMEE FL 34742 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State City & State Applied For Not Applicable Zip Country Zip Country \$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 Name OLSON, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 1702 RIVEREDGE RD OVIEDO FL 32766 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, typed or pricted name of registered agent and little it applicable. (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. MGRM Delete ☐ Change ☐ Addition OLSON, ROBERT E STREET ADDRESS STREET LADDRESS 1702 RIVEREDGE RD CHY SI ZIP OVIEDO FL 32766 CHY ST 7IP ☐ Delete MILL HILL Change ■ Addition NAM NAMI STREET ADDRESS STREET ADDRESS CHY SEZIP TIFLE ☐ Defete ☐ Change ■ Addition NAME STREET LADDRESS SHALLADDRESS CHY SI-702 CHY SE ZIP ☐ Defete HILLE 11111 ☐ Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY ST 7IP ☐ Defete HILL ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY SI-7IP CHY ST ZIP Delete Ithi ☐ Change [] Addition NAME NAMI STREET ADDRESS STREET LADDRESS CITY ST-ZIP CITY ST ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

Robert F. OLSON 4-4-07
NO MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED