2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037807

Entity Name: A & B VENDING, LLC

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2167 LANAI AVENUE

BELLEAIR BLUFFS, FL 33770

Current Mailing Address: New Mailing Address:

2167 LANAI AVENUE BELLEAIR BLUFFS, FL 33770

FEI Number: 20-8390834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARKLEY, JOSEPH A III AMBROSE, MARY LOUISE 2167 LANAI AVENUE 2167 LANAI AVENUE

BELLEAIR BLUFFS, FL 33770 US BELLEAIR BLUFFS, FL 33770 US

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.

SIGNATURE: MARY LOUISE AMBROSE 04/29/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

 Title:
 MGRM () Delete

 Name:
 BARKLEY, JOSEPH A III

 Address:
 2167 LANAI AVENUE

City-St-Zip: BELLEAIR BLUFFS, FL 33770

 Title:
 MGRM
 () Delete

 Name:
 AMBROSE, MARY LOUISE

 Address:
 2167 LANAI AVENUE

City-St-Zip: BELLEAIR BLUFFS, FL 33770

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: AMBROSE, MARY LOUISE
Address: 2167 LANAI AVENUE
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: MGRM (X) Change () Addition

Name: BARKLEY, JOSEPH A III Address: 2167 LANAI AVENUE

City-St-Zip: BELLEAIR BLUFFS, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY LOUISE AMBROSE MGRM 04/29/2008