2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 19, 2007 8:00 am Secretary of State **DOCUMENT # L06000057759** 07-19-2007 90043 032 ****50.00 KEITH DODGE MAINTENANCE & REPAIR, LLC Principal Place of Business Mailing Address 60052953 13355 HAROLD AVENUE 13355 HAROLD AVENUE SPRING HILL, FL 34609 SPRING HILL, FL 34609 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3302 TURKS CAP DR. 11186 SPRING HILL DR. Suite, Apt. #, etc. Suite, Apt. #, etc. 07092007 Chg-LLC CR2E083 (12/06) 224 City & State City & State Applied For 4. FEI Number 20-4992988 Not Applicable HERNANDO BEACH SPRING HIL FI. Country \$5.00 Additional 5. Certificate of Status Desired 34607 USA 34609 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DODGE, KEITH T Street Address (P.O. Box Number is Not Acceptable) 13355 HAROLD AVENUE SPRING HILL, FL 34609 Zip Code City 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM XX Change TITLE TITLE ☐ Delete ☐ Addition DODGE, KEITH T NAME NAME 13355 HAROLD AVENUE STREET ADDRESS STREET ADDRESS 3302 TURKS CAP DR. CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP HERNANDO BEACH, FL 34607 MGRM ☐ Change XX Addition TITLE XX Delete DUE MBR DODGE, CHRISTINA H NAME NAME DODGE, DREW A. STREET ADDRESS STREET ADDRESS 13355 HAROLD AVENUE 3302 TURKS CAP DR. CITY-ST-ZIP SPRING HILL, FL 34609 CHY-ST-ZIP <u>HERNANDO BEACH FL</u> TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition

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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.