2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 10, 2007 8:00 am Secretary of State DOCUMENT # L06000059586 04-16-2007 90337 021 ****50.00 D & E SNOWBALL LLC Principal Place of Business Mailing Address 1851 SWEETWATER WEST CIRCLE APOPKA FL 32712 1851 SWEETWATER WEST CIRCLE APOPKA FL 32712 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For Not Applicable Ζıρ Country 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 Namo OHSIE, DANIEL H Street Address (P.O. Box Number is Not Acceptable) 1851 SWEETWATER WEST CIRCLE APOPKA FL 32712 City 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 logistered agent and site & applicable. (NOTE: Registered Agent signature recovers when remaining) ï FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES TITLE MGRM Delete TITLE Change ☐ Addition OHSIE, DANIEL H NAME NAME STREET ADDRESS SUBJECT ADDRESS 1851 SWEETWATER WEST CIRCLE CHTY-ST-ZIP APOPKA FL 32712 CITY-ST-7P TITLE MGRM ☐ Delete HILE ☐ Change Addition NAME OHSIE, EUNJOO K NAME STREET ADDRESS STREET ADDRESS 1851 SWEETWATER WEST CIRCLE CITY-ST-ZIP APOPKA FL 32712 CITY-SI-ZIP TITLE Delete HILE Change Addition 粉色的 MASOF SURFICE ADDRESS STREET ADDRESS C/TY - S1 - 21P CITY-ST-7/P MILL Delete me ☐ Change Addition NAM STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST 7P HILE ☐ Delete MILE ☐ Channe ☐ Addition NAME NAMÉ STREET AODRESS STREET ADDRESS CITY-S1-7IP CHY-SI-7P TITLE Delete TITLE Change ☐ Addition NAME STREET ADORESS STREET ADORESS CHY-SI-718 CITY ST-7P 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.

MANICL

SIGNATURE

H. Office

LAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-6-0

FILED