2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Apr 17, 2008 08:00 Al Secretary of State DOCUMENT # L06000078640 1. Entity Name JEFF GRISETTI STUMP GRINDING & MORE "LLC" Principal Place of Business Mailing Address 6922 150TH PLACE NORTH 6922 150TH PLACE NORTH PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-5349170 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 GRISETTI, JEFFREY V Street Address (P.O. Box Number is Not Acceptable) 6922 150TH PLACE NORTH PALM BEACH GARDENS FL 33418 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, typed or stimed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when renerating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Сhaпge Addition NAME GRISETTI, JEFFREY V OWNER NAME STREET ADDRESS 6922 150TH PLACE NORTH STREET ADDRESS U00000904035 CITY-ST-7IP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZiP THLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZiP 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: Jakoy V Lincoth Jeffey V, Neent Grisetti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
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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 of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.