2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 10, 2008 8:00 am Secretary of State **DOCUMENT # L06000093721** 1. Entity Name STITCH WIZARD LLC 03-10-2008 90335 013 ***138.75 Principal Place of Business Mailing Address 11428 CLEAR CREEK PLACE 11428 CLEAR CREEK PLACE BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable Zip 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 Name GRAY, KAREN Street Address (P.O. Box Number is Not Acceptable) 11428 CLEAR CREEK PLACE **BOCA RATON, FL 33428** 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change. ☐ Addition NAME STITCH WIZARD 11428 CLEAR CREEK STREET ADDRESS STREET ADDRESS COY-ST-7P BOCA RATON, FL. 3342 CITY-ST-7IP TITS F **☑** Delete TITLE ☐ Change ☐ Addition KRAUSKOPF, KENNETH A NAME NAME STREET ADDRESS 400 MDWAY ISLAND STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33767 CITY-ST-ZIP TITLE MER Delete TITLE ☐ Change ☐ Addition NAME NAME GRAY, KAREN STREET ADDRESS STREET ADDRESS BOLD RATION EL 33428 PlACE CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KRAUSKOPF, KENNETH A NAME NAME STREET ADDRESS 11428 CLEAR CREEK PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOGRATON FL 33428 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filling 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.

Kentha Kindy MER 2/14/08