2008 LIMITED LIABILITY COMPANY

Apr 25, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-25-2008 90016 009 ***138.75 DOCUMENT # L06000093782 1. Entity Name **HEMÝOG LLC** Principal Place of Business Mailing Address 3188A DIANA LANE 3188A DIANA LANE MARIANNA, FL 32446 MARIANNA, FL 32446 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5936 5936 HWV 7 Hwy Suite, Apt. #, etc. 04112008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State FL FL Malone Malone 83-0465462 Not Applicable Country Country \$5.00 Additional 32445 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) 5647 110TH AVE. NORTH ROYAL PALM BEACH, FL 33411-0000 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Addition 3039 Riverview Rd NAME DALAL, SHILPAN H NAME 3188A DIANA LANE STREET ADDRESS STREET ADDRESS Marianna, FL 32446 CITY-ST-ZIP MARIANNA, FL 32446 CITY-ST-ZIP MGRM TITLE TITLE Delete TChange ___ Addition DALAL, PARAG H NAME NAME 5936 Hwy 71 Malone, FL 32445 STREET ADDRESS 3188A DIANA LANE STREET ADDRESS MARIANNA, FL 32446 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITI F □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

MRAG

STREET ADDRESS

CITY-ST-ZIP

850.569.27*0*N

FILED