2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: SIGNATURE AND TYPED OF F

Apr 02, 2008 8:00 am Secretary of State DOCUMENT # L06000112401 04-02-2008 90150 016 ***138.75 D AND D REMODELING AND RESTORATION L.L.C. Principal Place of Business Mailing Address 12012 DUNMORE COURT P.O. BOX 341 60018945 **GOTHA, FL 34734** ORLANDO, FL 32821 2. Principal Place of Business - No P.O. Box # 13750 WEST Colony AL Mailing Address SAME Postar Suite, Apt. #, etc. STE 350-113 03242008 Chg-LLC CR2E083 (12/06) 4 FELNumber Applied For WINTER GARDEN, 20-8020751 Not Applicable \$5.00 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Hobees DAVID HODGES, DAVID C Street Address (P.O. Box Number is Not Acceptable) 12012 DUNMORE COURT ORLANDO, FL 32821 Sto 350-113 ciny winter barden 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, jn the State of Florida. I am familiar with, and accept DAVID CURTIS HODGES SIGNATURE _ Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Change MGR HOOGES, DAVID C. ☐ Addition TITLE MGR TITLE ☐ Detete NAME 13750 WEST COLONIAL DRIVE, STE350-113 HODGES, DAVID C NAME STREET ADDRESS P.O. BOX 341 STREET ADDRESS 34787 WINTER GARDEN, CITY-ST-ZIP **GOTHA, FL 34734** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Change Addition TITLE ☐ Detete TITLE NAME. NAME STRFFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition BILE Delete THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY SI-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 affect as if made under oath; that I am a managing member or manager of the limited liability sempany or the receiver or trustee empowered to execuse this report as required by Chapter 608, Florida Statutes. DAVIO CURTIS HODGES

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED