2007 LIMITED LIABILITY COMPANY

Jul 06, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L06000117184** 07-06-2007 90036 005 ****50.00 THEL WHITE CONSTRUCTION SERVICES LLC Principal Place of Business Mailing Address 5630 MURTOCK AVE 5630 MURTOCK AVE SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07022007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 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 WHITE, THEL Street Address (P.O. Box Number is Not Acceptable) 5630 MURTOCK AVE SARASOTA, FL 34231 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 SIGNATURE Sgnature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITI F MGR Colete TITLE ☐ Change ☐ Addition NAME WHITE, THEL NAME STREET ADDRESS STREET ADDRESS 5630 MURTOCK AVE CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP Defete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7P ■ Addition ☐ Delete TITLE TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP Delete TITLE Change Addition TITLE NAME 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 Delete ☐ Addition TILE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP COTY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida 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.

E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED