2007 LIMITED LIABILITY COMPANY - ANNUAL REPORT (AR)

Jun 13, 2007 8:00 am Secretary of State DOCUMENT # L06000119021 05-30-2007 90081 022 ****50.00 1. Entity Name THE WAY TO GO LLC Principal Place of Business Mailing Address **JU∪** ≁ ~ -16170 SADDLE LANE WESTON FL 33326 16170 SADDLE LANE WESTON FL 33326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State 4. FEI Number City & State Applied For 20-8057607 Not Applicable Zio Country Ζιρ 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 SANDS, FRANKLIN Street Address (P.O. Box Number is Not Acceptable) 16170 SADDLE LANE WESTON FL 33326 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 regist red Agent signature required when revending! SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES Delete ☐ Change ☐ Addition NAMI SANDS, FRANKLIN NALE STREET ADDRESS 16170 SADDLE LANE STREET ADDRESS CITY-ST- ZIP CITY ST-ZIP WESTON FL 33326 Delete mu TITLE ☐ Change ☐ Addition MGRM NAME NAME SANDS, LESLIE STREET ADDRESS STREET ADDRESS 16170 SADDLE LANE CHY-ST-ZIP CITY-S1-7IP WESTON FL 33326 THE MH ☐ Delete ☐ Change Addition STREET ADDRESS STRLET ADDRESS CITY-SI-ZIP CITY-S1-7P TUTTE HHC ☐ Delete Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Delete 1019 (Channe ■ Addition 1811 STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete IIILE ☐ Change Addition NAME NAME SIRLLI ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this Iting doos not qualify for the exemptions contained in Section 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 logal effect as if made under each; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes. FILHNICUN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE