2008 LIMITED LIABILITY COMPANY

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

Jun 20, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L07000008645** 05-22-2008 90512 023 ***138.75 1. Entity Name THE LEX GROUP LLC Principal Place of Business Mailing Address 30009660 290 NW 165TH STREET 290 NW 165TH STREET STE P-100 STE P-100 MIAMI, FL 33169 MIAMI, FL 33169 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06162008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FELNumber Applied For Not Applicable Country Zip 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 BOX, ANTHONY D Street Address (P.O. Box Number is Not Acceptable) 290 NW 165TH STREET STE P-100 MIAMI, FL 33169 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$538.75 Make check payable to Due by September 12, 2008 Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. R TUVA BOX NW 42nd Terrace LANTATION, FL Addition TITLE TITLE ☐ Change ☐ Delete NAME ANTHONY D BOX 290 NW 165th Street P-100 Miami FL NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP TITLE TITLE 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 TITLE ☐ Delete 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 TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this lifting 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.

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2008 LIMITED LIABILITY COMPANY 5/22/2008-90512-023-\$138.75-\$138.75

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