2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

| DOCUMENT # L07000010602 1. Entity Name PURE POTENTIAL, LLC | | | | | | | : 035 *** | 138.75 | |
|--|-----------------------------------|--|--|---|-------------------------------|---------------|-----------------------------------|------------------------------|--|
| Principal Place of Business | Mailing Address | | | 16 | 0037361 | 0 | | | |
| 10124 35TH ST. E | 10124 35TH ST. E | | | 1 | | _ | | | |
| PARRISH, FL 34219 US | PARRISH, FL 34219 | US | | | | | | : | |
| | | | | | BULLET BULL STATE GRAND STATE | | A 83111 99 14 1 178 | IAT IN HATI | |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | Aailing Address | | | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 04292008 | Chg-LLC | CR2E08 | 3 (12/06) | | | |
| City & State | City & State | | 4. FEI Number | , | | | plied For Applicable | | |
| Zip Country | Zip | Country | | 5. Certificate o | of Status Desired | | 5.00 Add | | |
| 6. Name and Address of Curre | t Registered Agent | | <u> </u> | 7. Name and | Address of New R | egistered A | gent | | |
| | | | Name | ле | | | | | |
| INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 | | | Street Address | treet Address (P.O. Box Number is Not Acceptable) | | | | | |
| 30,000 | | |] | | | | | | |
| | | | City | FL Zip Code | | | | | |
| B. The above named entity submits this statement the obligations of registered agent. | for the purpose of changing it | s register | ed office or registe | red agent, of both | n, in the State of Flo | rida. I am la | amiliar with, | and accept | |
| SIGNATURE Signature, typed or printed name of registered age | ont and title if applicable. (NC) | TÉ: Registere | d Agent signature require | d when reinstalling) | | DATE | | | |
| After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | | | | | |
| L | I. | | | 1 | | | | | |
| 9. MANAGING MEM | I. BERS/MANAGERS | 10. | | <u>l</u> | ADDITIONS/ | CHANGES | | | |
| TILE MGRM | - BERS/MANAGERS | TITL | | | ADDITIONS/ | CHANGES | ☐ Change | ☐ Addition | |
| MGRM NAME TURNER, ANDREW S | | TITL | IE | | ADDITIONS/ | CHANGES | Change | ☐ Addition | |
| MGRM NAME TURNER, ANDREW S STREET ADDRESS 10124 35TH ST. E. | | TITLE NAM STRE | EET ADDRESS | <u></u> | ADDITIONS/ | CHANGES | ☐ Change | ☐ Addifion | |
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I nereby certify that the information supplied with this litting coes not quality for the exemptions contained in Chapter 11st, 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 oalb; 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.