2008 LIMITED LIABILITY COMPANY

Mar 11, 2008 8:00 am **Secretary of State ANNUAL REPORT DOCUMENT # L07000012632** 03-11-2008 90129 029 ***138.75 TURÁNO FLORIDA BUN, LLC PAATSONE Principal Place of Business Mailing Address 6501 WEST ROOSEVELT ROAD 6501 WEST ROOSEVELT ROAD **BERWYN. IL 60402** BERWYN, IL 60402 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01312008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 20-8366618 Not Applicable Country Zip Country Zìp \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUINN, PAUL S JR. Street Address (P.O. Box Number is Not Acceptable) 301.E. PINE STREET, SUITE 1400 ORLANDO FL 32801 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 10. ADDITIONS/CHANGES 9. MANAGER Change **Addition** TITLE TITLE ☐ Delete GIANCARLO TURANO 6501 W. ROOSEVELT RO NAME STREET ADDRESS STREET ADDRESS BERWYN IL GO402 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS

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 effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee emplowered to execute this report as required by Chapter 608, Florida Statutes.

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

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