2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 23 AM 8:23

DOCUMENT # L07000013114

1. Entity Name
RENTACOOL, LLC

Principal Place of Business	Mailing Address
16600 NW 54 AVENUE UNIT 4 MIAMI GARDENS, FL 33014 US	16600 NW 54 AVENUE UNIT 4 MIAMI GARDENS, FL 33014 US

05082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 140668
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Coral Gables, FL
Zip / Country	Zip: 33114-0668 / Country: US

4. FEI Number: 20-8745953 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GIL, ANSELMO 16600 NW 54 AVENUE UNIT 4 MIAMI GARDENS, FL 33014	Name: M.J.F. Registered Agent Corp. Street Address (P.O. Box Number is Not Acceptable): 153 Sevilla Avenue City: Coral Gables FL Zip Code: 33134

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: Michael J. Freeman, President 5/9/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SEBAG, EMMANUEL 16600 NW 54 AVENUE, UNIT 4 MIAMI GARDENS, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4833 Collins Avenue,Ste. 1714 Miami Beach, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SIMMONDS, JOEL 16600 NW 54 AVENUE, UNIT 4 MIAMI GARDENS, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4833 Collins Avenue,Ste. 1714 Miami Beach, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GIL, ANSELMO 16600 NW 54 AVENUE, UNIT 4 MIAMI GARDENS, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900130101129 05/23/08--01007--003 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Joel Simmonds, Manager 5.8.08 (305) 672 6607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #