2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Secretary of State 01-14-2008 90043 023 ***138.75 **DOCUMENT #L07000022107** 1. Entity Name 7326 SOUTH ORANGE AVENUE, LLC huuuaevv Principal Place of Business Mailing Address 280 VISTA OAK DRIVE 280 VISTA OAK DRIVE LONGWOOD, FL 32779 LONGWOOD, FL 32779 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Chg-LLC CR2E083 (12/06) 4. FELNumber 02 -08017 1 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RINTELMANN, ARLENE NEIL Street Address (P.O. Box Number is Not Acceptable) 280 VISTA OAK DRIVE LONGWOOD, FL 32779 Zip Code City 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) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. PRES Addition TITLE Delete TITLE ☐ Change RINTELMANN, ARLENE NEIL NAME 280 VISTA DAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD, FL 32779 TITLE ☐ Defete SECR ☐ Change Addition RINTELMANN, PETER NEIL NAME NAME STREET ADDRESS STREET ADDRESS 1519 ORIOLE ST CITY-ST-ZIP CITY-ST-ZIP DNGWOOD, FL 32750 RINTELMANN, KRISTEN M. Change Addition TITLE ☐ Delete TITLE NAME NAME 280 VISTA DAK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LONGWOOD, FL 32779 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

City-St-ZIP

CITY-ST-ZIP

TITLE

NAME

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

☐ Delete

407 383 0785

☐ Change

☐ Addition

FILED Jan 14, 2008 8:00 am