2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## May 02, 2008 8:00 am Secretary of State DOCUMENT # L07000024010 1. Entity Name 05-02-2008 90024 020 \*\*\*138.75 JUST MY LUCK, LLC Principal Place of Business Mailing Address 8461 LAKE WORTH BOAD 846T LAKE WORTH ROAD STE 228 3TF 228 LAKE WORTH FL 33467 CAKE WORTH FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11630 Sunrise View Lane 11630 Sunrise View Lane Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For wellington Wellington 26-210-5678 Not Applicable Zip U Country Country \$5.00 Additional 5. Certificate of Status Desired 33 A 49 33449 U.S.A. Fee Required U.S. A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Conen, Steven COHEN, STEVEN Just My Luck, LLC Street Address (P.O. Box Number is Not Acceptable) 8481-LAKE WORTH 3200 Fairtaire Farms Road 228 Wellington, FE 88414 11630 singevioular Wellington IL 33449 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 if explicable (NOTE: Retrictored Attent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR Change ☐ Deleta TITLE Addition Steven Cohen NAME COHEN, STEVEN NAME **Just-My-Luck, LEC** 11630 Sunrise View Lahk STREET ADDRESS 8461 LAKE WORTH ROAD STREET ADDRESS 3280 Fairlane Farms Road wellnyton fc 33 449 CITY-ST-ZIP LAKE WORTH FL-93467 CITY-ST-ZiP Wellington, FL 33414 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZP TOTLE ☐ Delete HE ☐ Change ☐ Addition NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7/P Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 received or trusted empowered to execute this report as required by Chapter 608, Florida Statutes. 917 270 0196 SIGNATURE:

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

FILED