2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Sep 02, 2008 8:00 am Secretary of State **DOCUMENT # L07000024934** 08-08-2008 90034 035 ***138.75 PIDALA ENTERPRISES, LLC Mailing Address Principal Place of Business 13611 STAGHORN ROAD JUUL----13611 STAGHORN ROAD TAMPA, FL 33626 TAMPA, FL 33626 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082008 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-857106 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIDALA, FRANK 13611 STAGHORN ROAD Street Address (P.O. Box Number is Not Acceptable) --**TAMPA, FL 33626** Zip Code 18. 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 |SIGNATURE | Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature (squired when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited Florida Department of State liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Addition TITLE ☐ Change PIDALA, FRANK NAME MALE STREET ADDRESS 13611 STAGHORN ROAD STREET ADDRESS CITY-ST-7P CITY-ST-ZP TAMPA, FL 33626 TITLE ☐ Delete MILE Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP IITE ☐ Delete TITLE Change ☐ Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP -IIILE ☐ Delete TITLE ☐ Change Addition MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-S1-7P ☐ Addition MLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CILY-ST-77P Delete MLE ☐ Change ☐ Addition HAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 11. I hereby certify that the information supplies with this filling does indicated on this report is true and accurate and that my signate nd qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information traisfull have the same legal effect as if made under oath; that I am a managing member or manager of the elecute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

FILED